

**KCSD ATHLETIC PARTICIPATION AND  
LIABILITY RELEASE FORM  
Jr High School**

2023-24 Year

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent(s)/Guardian: Primary Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Other: \_\_\_\_\_

My child has permission and I am not aware of any reason why they are not physically able to participate in the following activities this school year:

Volleyball       Basketball       Track       Other: \_\_\_\_\_

Klamath County School District offered athletic opportunities can provide unique and important educational opportunities for students. However, there are inherent risks to such activities, some of which cannot be eliminated due to the inherent nature of the activities. I understand that participation in athletic programs is purely voluntary, that there will be no negative repercussions for choosing not to participate, and that I am allowing my child to participate out of his/her/my own free will fully aware of the attendant risks associated with the activity.

I give permission for my son/daughter to travel to and participate in this Activity. **I understand that the Activity is voluntary and will expose my child to risks, both foreseen and unforeseen, that could cause harm to my child, his/her property, and harm to other persons.** Examples of risks include physical injury, emotional injury, property damage, economic loss, non-economic loss, and deprivation of rights, privileges, and immunities. I have reviewed the enclosed program rules and information and acknowledge I understand the risks to which my child may be exposed as a result of participation in the Activity. **Furthermore, I understand and agree that during the Activity my child will be, at times, without direct supervision.** I realize no amount of reasonable supervision or training can eliminate all the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility, **and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation I give my permission for my son/daughter to participate in the Activity.**

In consideration for providing my child the opportunity to participate in the **Activity and any related transportation to and from Activity events, both my child and I voluntarily agree to waive and discharge any and all claims against Klamath County School District ("District") and release it from liability for any loss regardless of cause,** including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of injuries of any kind to me, my child, our property, or losses of any kind which may result from or in connection with my child's participation in the Activity, including injuries stemming from the negligent actions of the District or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.**

In the event that my child may require emergency medical treatment while participating in the **Activity,** I authorize the District and its agents to secure the help of a medical services provider and to incur the expenses for medical services recommended by the medical services provider, and I will provide for the payment of these expenses. I understand that Activity staff and chaperones will attempt to contact me or other emergency contact(s) listed on the enclosed Medical Treatment Authorization form in the event my child requires medical treatment, but I acknowledge and agree that Activity staff and chaperones may proceed with securing medical treatment for my child even if I or other emergency contact(s) are not able to be reached.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of

this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

**I certify that I have read the above in its entirety and fully understand its contents.** In exchange for the opportunity to participate in the **Activity**, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release the Klamath County School District from all liability for any loss regardless of cause, and claims arising from the student's participation in the **Activity**. In addition, I authorize the **Activity** staff to secure the service of a doctor or hospital. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

\_\_\_\_\_  
**STUDENT / PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**2023-24 Year**

## **KCSD ATHLETIC CONDUCT VERIFICATION**

### **Acknowledgement of Student Conduct Rules**

Certain athletic events may involve overnight stays in hotels, motels or dormitories. During these occasions, supervision will be provided by coaches or parent chaperones. Students will be expected to follow Klamath County School District rules and regulations. Failure to follow those rules may result in the student being sent home at the parents' expense and suspended/expelled from the Activity and/or school.

I, \_\_\_\_\_, agree to follow the rules for this Activity and all related events as set forth by  
*Student Name*

District staff and chaperones. I understand that disobeying these rules could result in discipline which may include being sent home immediately at my parents' expense. I understand that Klamath County School District Rights and Responsibility Handbook rules are in full effect at any Activity events and students can be disciplined for violations.

I, \_\_\_\_\_ affirm that my student understands the conduct rules and I agree with what has been s  
*Parent/Legal Guardian Name*

set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at my expense if the trip leader deems it necessary.

\_\_\_\_\_  
**STUDENT / PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

2023-24 Year

## KCSD ATHLETIC MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s)/Guardian Names: \_\_\_\_\_

Parent/Guardian Phone Work \_\_\_\_\_ Home \_\_\_\_\_

### Emergency Contact If Parent/Guardian cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information on Participant:

Known allergies: \_\_\_\_\_

Current medication being taken: \_\_\_\_\_

Special information/instruction  
concerning medication: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever? (Please explain below)

Any physical restrictions:  NO  YES - Explain \_\_\_\_\_

Other conditions: \_\_\_\_\_

Physicians Name and ph number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give my permission for non-prescription medication (for example: aspirin) to be given to my child if deemed advisable by designated school personnel / chaperones.

IN CASE OF SURGICAL EMERGENCY: I hereby give permission to the physician selected by the school director, or in his/her absence, his/her designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Any directions to the contrary should be specified on the reverse side of this form and signed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE: The Student Medical Information Form must be signed and delivered to the school with this permission form and liability**

**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE  
DISEASES INCLUDING COVID-19**

Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent(s)/Guardian(s) Names: \_\_\_\_\_  
Parent/ Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Klamath County School District (“District”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in [sport or activity]. Participation in a sport or activity includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in a sport or activity and any related transportation to and from a sport or activity events, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in [sport or activity]

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

**I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the sport or activity the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the sport or activity.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date