

**KCSD ATHLETIC PARTICIPATION AND
LIABILITY RELEASE FORM**

2019-20 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:

<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Track
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Softball	<input type="checkbox"/>	Wrestling
<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Football	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	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.

Aug. 26, 2019

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.

X _____
STUDENT / PARTICIPANT SIGNATURE DATE

X _____
PARENT/GUARDIAN SIGNATURE DATE

KCSD ATHLETIC TRANSPORTATION VERIFICATION

2019-20 YEAR

My signature below indicates that I have read and understand that KCSD supported transportation to and from athletic contests will be provided by various means including, but not limited to the following:

1. KCSD Transportation – school bus, activity bus
2. KCSD approved rental vehicles
3. Volunteers – private vehicles with driver/vehicle information of file
4. State approved privately owned buses

X _____
STUDENT / PARTICIPANT SIGNATURE DATE

X _____
PARENT/GUARDIAN SIGNATURE DATE

KCSD ATHLETIC CONDUCT VERIFICATION
Acknowledgement of Student Conduct Rules

2019-20 YEAR

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.

X _____
STUDENT / PARTICIPANT SIGNATURE DATE

X _____
PARENT/GUARDIAN SIGNATURE DATE

Aug. 26, 2019

**KCSD ATHLETIC MEDICAL INFORMATION
AND TREATMENT AUTHORIZATION**

2019-20 YEAR

Student name: _____ Date of birth: _____

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.

X _____
Parent/Guardian Signature

Date

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

Aug. 26, 2019