

**ATHLETES ACKNOWLEDGMENT
AND CONSENT TO PARTICIPATION**

Athlete Name: _____, wishes to participate in the sport of _____ in the Lake Havasu High School sports program during the 2017/2018 season. I/We realize that there are risks involved in his/her participation and watched the video on (date) _____. We watched the video entitled "Know the Risks". We had an opportunity to have our questions answered. I/We understand that the risks include a full range of injuries from minor to severe. I/We recognize the possibility that he/she might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of their participation in this sports program. I/We realize that neither the protective equipment nor padding used in the sport, the safety rules and procedures of the sport, the coaching instruction he/she receives nor the sports medicine care he/she is provided will guarantee safety or prevent all injuries he/she might sustain.

I/We agree to accept these risks as a condition of participation.

Date

Parent/Legal Guardian Signature