

Loudoun County Public Schools

Division of Athletics

Student Agreement to Participate and Parental Consent Form



Warning and Acknowledgment of Risk
for Participation in the Loudoun County Public Schools Athletic Program

I, (*print student name*) _____, am aware that participating in the **LCPS Athletic Program** can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the danger and risks of participating in the athletic program include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious problems to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of participating in the athletic program may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the possible dangers of participating in the athletic program, I recognize the importance of following the applicable instructor's, coach's, and trainer's instructions regarding the relevant athletic program techniques, training, rules of participation, etc., and I agree to obey such instructions.

In consideration of Loudoun County Public Schools permitting me to participate in the athletic program, and to engage in all activities related to the program including, but not limited to, travel off school premises, I hereby acknowledge the risks associated with participation.

Signature of Student

Date



I, (*print adult name*) _____, am the parent/legal guardian of (*print student name*) _____. I have read the above **Warning and Acknowledgment of Risk** statement and understand its terms. I understand that participation in the athletic program is voluntary and can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above. In consideration of this understanding, I hereby consent and grant permission for the above named student to participate in the Loudoun County Public Schools Athletic Program and to engage in all activities related to the program including travel off school premises.

I have read and kept a copy of this **Agreement to Participate and Parental Consent Form** and the accompanying letter from the Principal or Athletic Director. Therefore, I acknowledge the potential risks of serious injury and the responsibilities of my child/ward while participating in the LCPS Athletic Program.

I also consent and grant permission for my child/ward to receive first aid, emergency medical care, and all other medical treatment deemed reasonably necessary to their health and well-being in case of injury or serious illness during participation in the LCPS Athletic Program activities and understand that **I, or my insurance, will be responsible for the medical expenses.**

Signature of Parent or Legal Guardian

Date

Return this original signed form to your student's school and keep a copy for your files.