

INFORMED CONSENT FORM RE: CLUBS AND ACTIVITIES BASED ON A SPORT, DANCE OR EXERCISE ACTIVITY

<u>OR</u>

FOR A PROJECT THAT REQUIRES USE OF GARDENING OR SHOP TOOLS.

Birth Date: _____

Student Name: ______

School:	Grade:
and their parents should recognize that confitting equipment are important aspects	nt from possible injury while engaging in school activities. Participants on on the conditioning, nutrition, proper techniques, safety procedures, and well-of this training program. Each participant is expected to follow the must understand that failure to follow such directions or adhere to condition.
project that requires use of gardening associated with participation, which inclubroken bones; dislocations; sprains; hearesulting in complete or partial paralysis; injury to all bones, joints, ligaments, mualso include other serious bodily injuries	d activities that are based on a sport, dance or exercise activity OR as or shop tools involves certain inherent risks, dangers and hazards ade, but are not limited to: muscular strains; bruises; scratches; scrapes; ad injuries; concussions; serious neck and spinal injuries potentially; brain damage; blindness; serious injury to all internal organs; serious ascles and tendons; contusions; dislocations; fractures; and which may necessitating long term care and significantly impairing enjoyment of langer and hazard associated with participation could even be death.
(Student Initial) (Parent Initial)	
We accept and understand that certain inherent risk of injury.	activities such as tumbling and stunting carry with them a greater
(Student Initial) (Parent Initial)	
essential qualities of the club/activity. club/activity and voluntarily assume all	of this club/activity cannot be eliminated without jeopardizing the We have reviewed the risks and we still desire to participate in the responsibility and risk of loss, damage, illness and/or injury to my with my participation in such club/activities.
(Student Initial) (Parent Initial)	

_	ees to wear such equipment when pages such equipment will not eliminate the	<u> </u>
(Student Initial) (Parent Init	ial)	
We certify that (Student Name) which could interfere with or comprose	hamise his/her safety in participating in the	as no medical or physical conditions his club/activity.
(Student Initial) (Parent Init	ial)	
I authorize qualified emergency medillness, to administer emergency medi	dical professionals to examine, and is a care to the above-named student.	n the event of an injury or serious
(Parent Initial)		
named student, we understand that ne	or school district staff to obtain emer ither the staff member nor the school of accident, injury, illness and/or unforese	listrict assumes financial liability for
(Student Initial) (Parent Init	ial)	
I certify that my household has suffic care for any injury that may be sustain	ient medical insurance to facilitate any ned by the above-named student.	necessary medical care or resultant
(Parent Initial)		
READ THIS DOCUMENT AND PARTICIPATING IN THIS VOLUN	THE STATEMENTS ABOVE, I AD FULLY UNDERSTAND THE TARY SCHOOL DISTRICT CLUB/AD THE ABOVE, UNDERSTAND	RISKS ASSOCIATED WITH ACTIVITY BY SIGNING BELOW,
Student name (please print)	Student signature	Date
I HAVE READ THIS DOCUMEN PARTICIPATING IN THIS VOLU	THE STATEMENTS ABOVE, I ACK T AND FULLY UNDERSTAND T UNTARY SCHOOL DISTRICT CI VE READ THE ABOVE, UNDERST ENT TO PARTICIPATE.	HE RISKS ASSOCIATED WITH LUB/ ACTIVITY. BY SIGNING
Parent/guardian name (please print)	Parent/guardian signature	Date

We understand that protective equipment is recommended for the safety and protection of participants in some