LAKE LOCAL SCHOOLS
ATHLETIC HANDBOOK - INFORMED CONSENT AGREEMENT

- We understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Athletic Handbook.
- We have read the Athletic Handbook, and thoroughly understand the consequences of violating the Athletic Handbook.
- We understand and realize that there is risk of injury in participating in athletic activities.
- We pledge to promote healthy lifestyles for all student athletes of the Lake Local Schools.
- My son/daughter has my permission to participate in athletics.
- We understand that with participation in any athletic program, athletes are subject to initial and random urine drug and alcohol testing. We understand that a refusal to test is an Athletic Handbook violation, which results in the equivalent consequences of the Drug Policy violations.
- We have read the Informed Consent Agreement and agree to its terms.
- We understand this waiver is binding for **(1) calendar year** from the signed date on this form.

ASSUMPTION OF RISK STATEMENT

This statement does not release the school from any negligence. However, this form, with your signature, verifies that you are aware that various injuries do occur while participating in athletics.

WAIVER STATEMENT

Parent(s)/guardian(s)/custodian(s) agree to assume financial responsibility for any expenses resulting from athletic injury. Parent(s)/guardian(s)/custodian(s) understand the school assumes no financial responsibility in case of injury.

Student Name: _____ Grade: _____

(PLEASE PRINT)

Date: _____

Student Signature: _____

Parent/GuardianSignature: _____

_____ _____

Home Phone **Work Phone**

List current medications:

_____

_____

This agreement must be signed and on file in the Athletic Office once team rosters are set or an athlete becomes a team member.