

Must be completed by Students in Grades 7-12 Before Participation in School-Sponsored Extracurricular Athletic Activities

**RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF THE RISK WAIVER**

\_\_\_\_\_ (Student's name) desires to participate in  
\_\_\_\_\_ (Name of program) sponsored by the  
Solon City School District (the "District"))

In consideration of being allowed to participate on behalf of the District's athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. My participation in this activity is purely voluntary.
2. **I am fully aware of the fact that there are special dangers and risks associated with participation in this activity, including but not limited to the potential for falls, slips, sprains, broken bones, extreme physical contact with other participants or outbursts of rage by other players, coaches or referees. In extremely rare cases, paralysis and even sudden death can occur as a result of participation in this activity. Serious injury may also occur as a result of certain playing conditions such as potholes and standing water on fields along with humidity, heat, cold and other weather conditions inherent with games played outdoors. Serious injury may also occur as a result of certain playing conditions inherent with games played indoors. Serious injury or sudden death may also occur as a result of improper use of equipment.**
3. **Participation in this activity includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. In addition, I acknowledge, agree and understand that because the District is open for use by other individuals, that I recognize that I am at higher risk of contracting COVID-19 by participating in this activity.**
4. I have been provided with the terms and protocols established by the District to help reduce the possible contraction and/or spread of the COVID-19 virus and/or other infectious diseases. I have read and understand these terms and protocols and have had the opportunity to have any of the terms or protocols that are unclear or that I do not understand explained to me.
5. I willingly, knowingly and voluntarily agree to fully comply with the terms and protocols established by the District for participation to help reduce the possible contraction and/or spread of the COVID-19 virus and/or other infectious diseases. If I observe any failure to follow the terms and protocols established by the District during my presence or participation, I will immediately report such failure to an appropriate school official. Moreover, I understand that if I fail to fully comply with the terms and protocols established by the District or the commitments I have agreed to in this Release, I am subject to immediate removal from participation until reinstated by an appropriate school official.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name Here: \_\_\_\_\_ Grade: \_\_\_\_\_

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I certify that I am the parent/legal guardian of the above-named student; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. **I hereby release and hold harmless the Solon City School District, its Partners in Education, coaches, volunteers, medical personnel, security officers, administrative officials, other employees, volunteers, Board members and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in, or travelling to or from any practice, game, or special event. I have voluntarily chosen to allow my child to participate and assume all dangers and risks of such participation.** I request that my son/daughter be permitted to participate in extracurricular athletic activities sponsored by the District.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this student covered by a medical insurance policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, provide the name of your insurance company and policy number:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact Information:

If I cannot be contacted and a reasonable effort has been made to do so, I authorize the coaching staff or the Principal and his or her designee to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures including x-ray diagnosis of my child. I assume the responsibility for the payment of any such transfer and treatment.

Preferred Hospital: \_\_\_\_\_

Person to be contacted if I am not available: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_