



Sierra Lutheran High School

Agreement to Participate (Student Athlete)

I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving **MANY RISKS OR INJURY**. I understand that the dangers and risks of playing or practicing in these activities includes death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being.

Because of the dangers of participating in these activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable school, team and state rules.

In consideration of Sierra Lutheran High School permitting me to practice, play or try out for athletics and to engage in all activities related to the team, including practice, play and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Sierra Lutheran High School, their agents, servants and employees from any and all liability claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with any activities related to the Sierra Lutheran High School interscholastic athletics program.

Student's Name (print): _____ Grade: _____

Student's Signature: _____ Date: _____

PARENTAL CONSENT

I have read and kept a copy of the **Agreement to Participate** in Athletics. Therefore, I understand the potential risks of injury and the responsibilities for my child while participating in the interscholastic athletics at Sierra Lutheran High School. I understand it is my responsibility, as the parent of the above named student to contact SLHS immediately if information changes or should I choose not to have my student participate in a sport listed below. ***This form will remain effective throughout my student's time at SLHS unless I contact the school stating otherwise.***

I hereby grant my permission for my child **TO PARTICIPATE** in the following interscholastic sports: _____

Parent's Name (print): _____

Parent's Signature: _____ Date: _____