**Athletics Participation Waiver and Release of Liability**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Sport/Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Grade:** \_\_\_\_\_\_\_\_\_\_\_\_

**Assumption of Risk**

I, the undersigned parent/guardian of the above-named student (“Participant”), understand that participation in middle and high school athletic activities involves certain risks, including but not limited to sprains, strains, fractures, concussions, and in rare cases, serious injury or death. I acknowledge that my child voluntarily participates in these activities with full knowledge of the risks involved.

**Medical Authorization**

In the event of illness or injury, I hereby authorize representatives of the school to seek emergency medical treatment for my child. I understand that every reasonable effort will be made to contact me before medical treatment is provided. I accept full financial responsibility for any medical care that may be necessary.

**Release of Liability**

In consideration of my child being permitted to participate in CMA athletic activities, I, on behalf of myself, my child, and our heirs, executors, and assigns, hereby release and hold harmless the school, its staff, coaches, volunteers, school district, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including loss of life, that may be sustained by my child, whether caused by the negligence of the school or otherwise, while participating in athletics, travel, or related activities.

**Code of Conduct & Safety**

I acknowledge that my child is expected to follow all school rules, team rules, and safety guidelines established by coaches and staff. Failure to comply may result in removal from participation.

**Insurance Requirement**

I understand that the school may not provide medical insurance for student-athletes. I certify that my child is covered by a personal health insurance policy, or I assume full responsibility for medical expenses that may arise from participation.

**Parent/Guardian Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_