

# Polk County Public Schools Consent and Release from Liability Certificate

This completed form must be kept on file by the school.

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

**Part 1. Parental/Guardian Consent, Acknowledgement and Release** (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

- A. I/We consent for my child/ward to be randomly drug tested as part of the School Board of Polk County's Athletic Drug Testing Program. If my child/ward tests positive for drugs or alcohol, I/we consent for my child/ward to be interviewed by the School Board's Medical Review Officer/Physician for the purpose of determining if legitimate medical reasons exist for the positive drug result.
- B. I/We hereby give consent for child/ward to participate in interscholastic sports sponsored by the FHSAA and understand that participation may necessitate an early dismissal from classes.
- C. I/We hereby give permission for child/ward to travel to/from athletic events in a privately owned and approved vehicle that is not covered by PCSB liability insurance. I/We also understand that students are never permitted to drive other students to/from athletic events.
- D. I/We know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/We consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.** I/We grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- E. I/We understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.
- F. **I/We understand the Polk County School District has purchased school insurance (secondary coverage) which will cover my/our child/ward in all approved and supervised athletic activities. I/We understand that should I/we have medical insurance; that my/our policy is primary for all medical expenses and the school insurance will be the secondary policy. I/We also understand that I/we will be responsible for any medical expenses not covered by school insurance or my/our insurance.**
- G. I/We understand that should my child/ward be ejected from an athletic event or suspended by the FHSAA, he/she is assessed a financial fine of \$50 payable to the school before he/she is permitted to compete in another athletic event.

**I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Signature of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (printed) Name of Parent/Guardian: \_\_\_\_\_ (printed)

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

**ORIGINAL TO BE ON FILE IN ATHLETIC DIRECTOR'S OFFICE  
COPY TO BE IN POSSESSION OF THE COACH AT ALL PRACTICES AND GAMES**

**Part 2. Student Acknowledgement and Release** (to be signed by student).

A. I have read the (condensed) FHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and the FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury and even death; is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. **I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.** I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

B. I understand that if I change schools after first enrolling in the 9<sup>th</sup> grade, that my parents/guardian and I will be required to sign a FHSAA Recruiting Affidavit stating that I have not changed schools for athletics and that I was not recruited to attend the new school.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_  
 Name of Student (printed): \_\_\_\_\_