



### Student Participation and Parent/Guardian Consent, Release, and Assumption of Risk Form

This consent, release, and assumption of risk agreement is made and entered into by and between \_\_\_\_\_, born \_\_\_\_\_, and \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ and the Department of Education, an agency of the State of Hawaii, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

OR

This consent, release, and assumption of risk agreement is made and entered into by and between \_\_\_\_\_ (i.e. Adult student is 18 years old or older at the time of this agreement), born \_\_\_\_\_, and the Department of Education, an agency of the State of Hawaii, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

#### WITNESSETH

Whereas \_\_\_\_\_ is a minor or an adult student (hereafter referred to as "student") attending \_\_\_\_\_

W.R. Farrington High School

Whereas, student is a member of the school's \_\_\_\_\_ interscholastic athletic team;

Whereas we, the student & parent/guardian, understand that competition in interscholastic athletics activities is entirely voluntary on our part. We fully understand that we must comply with the rules and regulations of the Department, League, and the Hawaii High School Athletic Association (HHSAA);

Whereas, student has been evaluated by the athletic staff of the school as well as by student's physician or therapist and has been informed of the risks associated with his/her participation in interscholastic athletic competition;

Whereas, student and parent/guardian have been apprised that no protective equipment can prevent head, neck, brain, or other bodily injury that may result from athletic competition;

Whereas, student and parent/guardian acknowledge that equipment such as football helmets must not be used to butt, spear or ram opposing players and to do so is a violation of the rules of the game and can result in serious injury to self and others; and,

Whereas, student and parent/guardian, after having been informed of the risks to student, affirm that student has had full disclosure of the risks involved explained to student by the Department of Education, understand the risks, and agree to assume those risks as their own and make this decision as their own free will and not by coercion or influence from anyone.

NOW, THEREFORE, based upon the above understanding, student, for himself/herself, his/her heirs, executors, administrators and assigns, and \_\_\_\_\_ as parent/guardian of student, hereby acknowledge that they have been

apprised of the risks inherent in student's participation in interscholastic athletic competition, which could result in serious bodily injury and even death, and hereby consent to the participation of student in such athletic activity and competition, agree to assume these risks as their own and hereby release the Department of Education, State of Hawaii, its officials and agents of any and all claims and liabilities whatsoever from or by reason of any athletic injury to student, while participating as a member of the \_\_\_\_\_ interscholastic athletic team in sports activities that are sanctioned by the HHSAA, including travel.

*Whereas student and parent/guardian understand that the Department of Education strongly recommends that the student have medical/health insurance coverage prior to participating in interscholastic sports activities and further understand that all insurance and medical costs related to any injury are the sole responsibility of the parent/guardian. The Department of Education will not assume and is not responsible for any of these costs.*

The student and parent/guardian further consent to allow the student to travel as a team member in local, inter-island and out-of-state athletic events. The student and parent/guardian further authorize the school officials through a certified athletic health care trainer (AHCT), qualified coach/staff, or a physician as may be determined by school officials, to provide any emergency care and/or follow-up medical treatment that may be deemed by school officials to be necessary for the student in the course of such athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

**Please fill out the information below clearly and completely.**

Last name: \_\_\_\_\_

Graduation year: \_\_\_\_\_

First name: \_\_\_\_\_

The student and parent/guardian further consent and authorize the school's AHCT to administer baseline and/or post injury concussion management assessment in order to manage a concussion or suspected head trauma, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to the school for purposes of allowing the school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in management or rehabilitation of an injury/illness. This information is normally confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release shall remain valid until revoked by the adult student or parent/guardian in writing.

The student and parent/guardian expressly agree that this assumption of risk and release agreement is intended to be as broad and inclusive in favor of the State of Hawaii as permitted by the laws of the State of Hawaii and that if any provision herein is held to be invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect.

The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement and they further agree that this agreement contains the entire agreement between the parties, hereto, and that the terms of this agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

IN WITNESS WHEREOF, the parties hereby execute this agreement, effective the date first indicated in this agreement.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Adult Student

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

**EMERGENCY INFORMATION:**

Student's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell or Pager # \_\_\_\_\_ Employer \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell or Pager # \_\_\_\_\_ Employer \_\_\_\_\_

Medical Condition (allergies, prescription medicine, etc.) school should know about my child \_\_\_\_\_

Health and/or Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

When the listed student becomes ill or incurs an injury during a school-sponsored activity and I am unable to be contacted, the school authorities have my permission to contact and release the student to the custody of any of the following persons:

Name	Relationship	Home Telephone	Business Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician Phone \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital/clinic \_\_\_\_\_

To ensure prompt attention to your child, PLEASE NOTIFY SCHOOL ATHLETIC DEPT. OF ANY CHANGE IN PHONE NUMBERS OR ADDRESS.

Signature of Parent/Guardian or Adult Student \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION ON THIS CARD MUST BE COMPLETED FOR PARTICIPATION ELIGIBILITY.**