

Woodridge Local School District

PARENT ACKNOWLEDGEMENT OF RISK AND RELEASE

We/I, the parent(s)/guardian(s) of _____ (Student), do hereby acknowledge that we/I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of the _____ (School District) that our/my child named above, may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, by participating in the sport of _____ (Sport) notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to _____ (Child) participating in the sport of _____ (Sport). Further, I/we acknowledge that I/we have received the Ohio Department of Health's concussion and head injury information sheet.

We hereby release, discharge, and/or otherwise indemnify the _____ School District, and their employees against any claim by/or on behalf of the registrant as a result of the registrant's participation in the sport of _____ (Sport).

WITNESSES:

(Sign) _____

(Parent Sign) _____

Print Name _____

Print Name _____

(Sign) _____

(Parent Sign) _____

Print Name _____

Print Name _____

Date

7/16/13