

Woodridge Local School District

STUDENT ACKNOWLEDGEMENT OF RISK AND RELEASE

I, _____ (Name), hereby acknowledge that I have been properly advised, cautioned, and warned by the proper administrative and coaching personnel of the _____ (School District) that by participating in the sport of _____ (Sport) I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport. Further, I acknowledge that I have received the Ohio Department of Health's concussion and head injury information sheet.

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

WITNESSES:

(Sign) _____

(Student Sign) _____

Print Name _____

Print Name _____

(Sign) _____

Print Name _____

(Date)

7/16/13