

**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 _____, Minor Student
born _____, and _____ as parent/guardian of _____, Minor Student
Birthdate Parent/Guardian
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 _____, Adult Student
(i.e. Adult student is 18 years old or older at the time of this agreement), born _____, and the Department of Education,
Birthdate
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
Student

School

Whereas, student is a member of the school's _____ interscholastic athletic team;
Sport(s)

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

Parent/Guardian of Minor Student

appraised 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

Sport

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.

The student and parent/guardian hereby consent to the release of medical information by physician to school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the aforementioned from his/her physician(s). We understand that the purpose of this request for medical information is to assist the aforementioned in management or rehabilitation of injury/illness. This information is normally confidential and except as provided in the release will not be otherwise released by the parties in charge of the information. This release remains valid until revoked by the aforementioned 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 portion thereof is held to be invalid, it is agreed that the balance 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 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.

The parties also agree that throughout the students athletic career at Moanalua High School statistics and results may or may not be posted or reported and may or may not be accompanied by his/her name and /or photograph and hereby release the Department of Education from liability resulting from or connected with the publication of such information. The athlete may or may not be video taped and photographed for broadcasts in school, on community cable access stations, and website pages throughout his/her academic career at Moanalua High School.

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

Parent/Guardian

Student

Signature of Adult Student

ALL INFORMATION ON THIS CARD MUST BE COMPLETED FOR PARTICIPATION ELIGIBILITY

Please notify school athletic department of any changes in info (phone #, address, etc.) Use blue or black ink or type.

EMERGENCY INFORMATION: Male _____ Female _____ Grade _____ Birthday _____

Athlete's Name _____ E-Mail _____
Last First MI

Address: _____ City: _____ Zip: _____

Father's/Guardian's Name: _____ Bus Phone _____ Cell/Home: _____ Employer: _____

Mother's/Guardian's Name: _____ Bus Phone _____ Cell/Home: _____ Employer: _____

Medical Conditions (allergies, prescription medicine, etc.) school should know about my child: _____

Student resides with: _____ Geographic Exception _____ Yes _____ No

School attended last year: _____ Year entered 9th grade: _____

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 phone	Business phone
_____	_____	_____	_____

Family Physician _____ Phone _____ Hospital _____

We have read the Moanalua High School Parent-Athlete Handbook and acknowledge that compliance of all rules, policies & procedures is necessary for participation in the Moanalua High School Athletic Program. Non-compliance may result in dismissal.

My son/daughter has permission to use the weight room/Fitness Center under supervision of the coach or weight room supervisor _____ yes _____ no

Signature of parent/ Guardian: _____ Date _____

Signature of Athlete: _____ Date _____

<input type="checkbox"/> paid fee <input type="checkbox"/> consent

FOR OFFICIAL USE ONLY: Physical Date: