



Consent and Release form Liability Certificate

This completed form and completed physical participation form must be sent into the OAA for filing

Part 1. Student Acknowledgement and Release (to be signed by student)

If accepted as a representative, I agree to follow the rules of my school and OAA 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. I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and the OAA 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 OAA 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 OAA 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 OAA. By doing so, however, I understand that I will no longer be eligible for participation in OAA sanctioned athletic events.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

Name of Student (printed) Signature of Student Date

Part 2. 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 hereby give consent for our child/ward to participate in the following OAA sanctioned sports that **I HAVE NOT CROSSED OUT**. Cross out all sports your child/ward **WILL NOT** participate in:

Boys Sports: Flag Football Basketball

Other sports added to this form by school: _____

Girls Sports: Volleyball Basketball

Other sports added to this form by school: _____

- B. I/we understand that participation may necessitate an early dismissal from classes.
C. I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic 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 OAA 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 the OAA 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 or 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 OAA, 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.
D. 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 school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

- E. Please check the appropriate and complete insurance information:
____ My/our child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

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

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date