

The South Carolina Independent School Association

Warning of Inherent Risk

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of our school's overall student-safety program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that participation in athletics involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport.

We accept and understand that participation in athletics and by attending public events as spectators includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.

Participation in athletics includes the risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

We understand that the inherent risks of participation in athletics cannot be eliminated. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student Initial) _____ (Parent Initial) _____

We understand that Participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) _____ (Parent Initial) _____

We understand that attending public events (including sporting events) includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.

(Student Initial) _____ (Parent Initial) _____

We certify that (Student Name) _____ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.

(Student Initial) _____ (Parent Initial) _____

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.

(Parent Initial) _____

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student Initial) _____ (Parent Initial) _____

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.

(Parent Initial) _____

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below I certify that I have read the above, understand its content and wish to participate.

Student name (please print)

Student signature

Date

Having read and initialed the statements above, I acknowledge that I have read and fully understand the RISKS associated with participating in this voluntary school athletic program. By signing below I certify that I have read the above, understand its content and give my permission for my student to participate.

Parent/guardian name (please print)

Parent/guardian signature

Date

The South Carolina Independent School Association

Warning of Inherent Risk

Assumption of Risk / Waiver of Liability / Indemnification Agreement

Release of Liability for minor Participants: Read before signing

Participation in athletics includes the **risk of injury** which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised programs, it is impossible to eliminate the risk. Participants can and do have a responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems, follow guidelines for safe play and inspect his/her own equipment and report any problems.

Waiver/Release for Communicable Diseases including COVID-19

In consideration of being allowed to participate in my school's athletic program in SCISA and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

IN CONSIDERATION OF (name of student participant) _____, my child/ward, being allowed to participate in any way in the related events and activities of the **SCISA Athletic Association and this school's athletic program**, the undersigned acknowledges, appreciates, and agrees that:

1. The **risk of injury** to my child/ward from the activities involved in athletic programs exist, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. Participation includes **possible exposure to an illness from infectious diseases** including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist
3. I for myself, spouse, and child/ward, knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child/ward's participation and we also assume all risks as a spectator at athletic events where we may also be exposed to an illness from infectious diseases; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such to the attention of the nearest official immediately; and,
5. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** The South Carolina Independent School Association, this school (_____) and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Event, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property incident to my child/ward's involvement or participation in these programs.
6. I grant permission to athletics trainers, first responders, nurses, and coaches as well as physicians or those under their direction who are a part of athletic prevention and treatment, to have access to necessary medical information.
7. I understand that the physical evaluation for participation is simply a screening evaluation and not a substitute for regular health care.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms,

(PARENT/GUARDIAN SIGNATURE)

Date Signed

Student Participant Understanding of Risk

I understand the seriousness of the risks involved in participating in an athletic program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(Participant's Signature)

Date Signed