



# Sound Christian Academy Inherent Risk Form

Please select which sport(s) the Student-Athlete will be participating in during the 2021-2022 academic year:

Fall:           Cross Country       Football   Soccer       Volleyball   Cheer  
Winter:       Boys Basketball   Girls Basketball  
Spring:       Baseball           Golf           Track and Field

We accept and understand that participating 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 certain activities such as the act of tackling carry with them a greater inherent risk of injury.

We understand that the inherent athletics cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

We certify that our child has no medical or physical conditions which would interfere with or compromise our child's safety in participating in this activity.

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to my child.

In the event it becomes necessary for school district staff to obtain emergency medical care for my child, 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.

I certify that my household has sufficient medical and dental insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by my child.

I acknowledge that I have read this document fully understand the risks associated with participating in this voluntary school district athletic program. I understand the inherent risks and give permission for my child to participate.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_