



Informed Consent: BASKETBALL

We accept and understand that the sport of **basketball** 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 understand that the inherent risks of this sport 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 son/daughter has no medical or physical conditions which would interfere with or compromise his/her 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 son/daughter.

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

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 son/daughter to participate.

Parent/Guardian Signature _____ Date: _____

Student Athlete Signature _____ Date: _____