

Athlete Participation Waiver

Name: _____ **Date:** _____

Activity: _____

Parent or Guardian Approval

I hereby register my child for participation in the activities sponsored by the Jefferson Park and Recreation District. The child I am registering is in good health and has no physical or mental condition, which would make it dangerous for the child or for other participants, if my child is involved in any of the sponsored activities.

I realize that certain aspects of the program are quite strenuous and that there is a risk of serious physical injury or death to my child as a result of his/ her participation in this program. Such risks include, but are not limited to cuts, bruises, broken bones, paralysis and death. Being aware of such risks, I nevertheless consent to my child's participation and hereby release the Jefferson Park and Recreation District, Jefferson School District, it's employees, agents, director, volunteers and sponsors from any and all claims in connection with my child's participation.

I hereby give permission to the medical personnel selected by the Jefferson Park and Recreation District, Jefferson School District, it's employees, agents, director, volunteers and sponsors to provide or order emergency treatment for my child in the event I cannot be reached in an emergency. However, my permission does not obligate Jefferson Park and Recreation District, Jefferson School District, it's employees, agents, director, volunteers and sponsors to arrange such care except as may be directed by medical personnel.

I further give permission to use the above named for pictures, videos which may be used in the district publicity.

Jefferson Park and Recreation District does not sanction or approve of District volunteers participation with youth members outside of the control of the district staff.

Parent/ Guardian Signature: _____

Email to Meagan.semanski@jefferson.k12.or.us