

**Athletic Participation Parent Consent**

My son/daughter, \_\_\_\_\_, has my permission to play or practice to play/participate in any school sponsored sport.

I understand that Salem Community High School District #600 Board of Education does not assume responsibility for injuries sustained in practice or games. I am aware that playing in and/or practicing for any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing and/or practicing include but are not limited to death, brain damage, serious neck and spinal injuries which may result in complete or partial paralysis, serious injury to virtually all internal organs and serious injury to virtually all bones, joints, ligaments, muscles, tendons, and all other aspects to the muscular skeletal system.

By my signature below, I give my permission for my son/daughter to play and/or practice in any school sponsored sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date