



**ROCKY RIVER CITY SCHOOL DISTRICT
ATHLETICS / ACTIVITIES SIGNATURE FORM**



In an effort to eliminate the need for completing the variety of forms usually collected for participation in athletics/activities, the following signature section has been created. Please initial on the line for each item below after reading the Athletic Handbook available at <http://www.rrcs.org/FormsDownloads.aspx> .

____ (initials) We have read the **Student Activity Participant Rules** and fully understand what is expected and agreed to.

____ (initials) **Athletic Medical Waiver:** We/I grant permission for our/my child to participate with the team listed below. In doing so, we/I will assume full responsibility for payment of all medical expenses for any injury our/my child receives while the team is under the supervision of the Rocky River City School District personnel.

____ (initials) **Release and Acknowledgement of Warning by Students and Consent of Parent/Guardian**

Student: I do hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Rocky River City School District that by participating in the sport/activity listed below, I am exposing myself to the risk of serious injury, including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage, which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the below sport/activity, and should I choose to participate in the below sport/activity, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the below sport/activity. I further release the Rocky River City School District, its employees and agents from liability for any such injury so occurring.

Parent: Notwithstanding the above warnings, and with full knowledge and understanding of the risk of serious injury which may result to our/my child, we/I give our/my consent for our/my child to participate in the sport/activity listed below.

Participant's Name (Print) _____

Date of Birth: _____ Phone: _____

Address: _____

Sport: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Student: _____ Date: _____