

**Student Participation and Parent/Guardian
Consent, Release, and Assumption of Risk Form**

This consent, release, and assumption of risk agreement is made and entered into by and between _____
born _____, and _____ as parent/guardian of _____
Birthdate Parent/Guardian Minor Student Minor Student
and the Department of Education, an agency of the State of Hawaii, this _____ day of _____, 20____

OR

This consent, release, and assumption of risk agreement is made and entered into by and between _____
(i.e. Adult student is 18 years old or older at the time of this agreement), born _____, and the Department of Education
Adult Student
an agency of the State of Hawaii, this _____ day of _____, 20____
Birthdate

WITNESSETH

Whereas _____ is a minor or an adult student (hereafter referred to as "student") attend
Student

Whereas, student is a member of the school's _____ interscholastic athletic team;
School Sport(s)

Whereas we, the student & parent/guardian, understand that competition in interscholastic athletics activities is entirely voluntary on our part. We fully understand that we must comply with the rules and regulations of the Department, League, and the Hawaii High School Athletic Association (HHSAA).

Whereas, student has been evaluated by the athletic staff of the school as well as by student's physician or therapist and has been informed of the risks associated with his/her participation in interscholastic athletic competition;

Whereas, student and parent/guardian have been apprised that no protective equipment can prevent head, neck, brain, or other bodily injury that may result from athletic competition;

Whereas, student and parent/guardian acknowledge that equipment such as football helmets must not be used to butt, spear or ram opposing players and to do so is a violation of the rules of the game and can result in serious injury to self and others; and

Whereas, student and parent/guardian, after having been informed of the risks to student, affirm that student has had full disclosure of the risks involved explained to student by the Department of Education, understand the risks, and agree to assume those risks as their own and make this decision as their own free will and not by coercion or influence from anyone.

NOW, THEREFORE, based upon the above understanding, student, for himself/herself, his/her heirs, executors, administrators and assigns, and _____, as parent/guardian of student, hereby acknowledge that they have been

Parent/Guardian of Minor Student
appraised of the risks inherent in student's participation in interscholastic athletic competition, which could result in serious bodily injury and even death, and hereby consent to the participation of student in such athletic activity and competition, agree to assume these risks as their own and hereby release the Department of Education, State of Hawaii, its officials and agents of any and all claims and liabilities whatsoever from _____ by reason of any athletic injury to student, while participating as a member of the _____ interscholastic athletic team in sports activities that are sanctioned by the HHSAA, including travel.
Sport

Whereas student and parent/guardian understand that the Department of Education strongly recommends that the student have medical/health insurance coverage prior to participating in interscholastic sports activities and further understand that all insurance and medical costs related to any injury are the sole responsibility of the parent/guardian. The Department of Education will not assume and is not responsible for any of these costs.

The student and parent/guardian further consent to allow the student to travel as a team member in local, inter-island and out-of-state athletic events. The student and parent/guardian further authorize the school officials through a certified athletic health care trainer (AHCT), qualified coach/staff, or a physician as may be determined by school officials, to provide any emergency care and/or follow-up medical treatment that may be deemed by school officials to be necessary for the student in the course of such athletic practice, competition or travel.

The student and parent/guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order to return student to athletic competition, such care to be conducted under the direction of a physician.

The student and parent/guardian hereby consent to the release of medical information by physician to the school for purposes of allowing the school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in management or rehabilitation of an injury/illness. This information is normally confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release shall remain valid until revoked by the adult student or parent/guardian in writing.

The student and parent/guardian expressly agree that this assumption of risk and release agreement is intended to be as broad and inclusive in favor of the State of Hawaii as permitted by the laws of the State of Hawaii and that if any provision herein is held to be invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect.

The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement and they further agree that this agreement contains the entire agreement between the parties, hereto, and that the terms of this agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

IN WITNESS WHEREOF, the parties hereby execute this agreement, effective the date first indicated in this agreement.

Signature of Student

Signature of Adult Student

Signature of Parent/Guardian

EMERGENCY INFORMATION:

Student's Name _____ Home Telephone _____

Father's/Guardian's Name _____ Bus. Phone _____ Cell or Pager # _____ Employer _____

Mother's/Guardian's Name _____ Bus. Phone _____ Cell or Pager # _____ Employer _____

Medical Condition (allergies, prescription medicine, etc.) school should know about my child _____

Health and/or Insurance Carrier _____ Policy # _____

When the listed student becomes ill or incurs an injury during a school-sponsored activity and I am unable to be contacted, the school authorities have my permission to contact and release the student to the custody of any of the following persons:

Name	Relationship	Home Telephone	Business Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician _____ Phone _____

Preferred hospital/clinic _____

To ensure prompt attention to your child, PLEASE NOTIFY SCHOOL ATHLETIC DEPT. OF ANY CHANGE IN PHONE NUMBERS OR ADDRESS.

Signature of Parent/Guardian or Adult Student _____ Date _____

ALL INFORMATION ON THIS CARD MUST BE COMPLETED FOR PARTICIPATION ELIGIBILITY.