

Participant Agreement, Consent, And Release

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, Lagree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness. voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

	irucipale in any Ari5AA recognized or sanctioned	d sport <u>EXCEPT</u> for the following sport(s):
List sport(s) exceptions here		•
emergency medical treatment for my child/v of the school. I further hereby authorize the treatment for illness or injury become nece request, of all records relevant to his/her a attendance, academic standing, age, discip and/or videotape my child/ward and further	Named knows of, the risks involved in interschorard should the need arise for such treatment white use or disclosure of my child's/ward's individual assary. I consent to the disclosure, by my child's athletic eligibility including, but not limited to, his bline, residence and physical fitness. I grant the to use said child's/ward's name, face, likeness, wand and commercial materials without reservative said rights herein.	ile my child/ward is under the supervision filly identifiable health information should s/ward's school, to the AHSAA, upon its s/her records relating to enrollment and released parties the right to photograph voice and appearance in connection with
	ussions and/or head and neck injuries in intersch nee such an injury is sustained without proper m	
VE READ THIS CAREFULLY AND KNOW	IT CONTAINS A RELEASE (Only one parent)	/guardian signature is required)
e of Parent/Guardian (printed)	Signature of Parent/Guardian	
e of Parent/Guardian (printed)	Signature of Parent/Guardian	
I HAVE READ THIS CARE	FULLY AND KNOW IT CONTAINS A RELEASE (st	udent must sign)
e of Student (printed)	Signature of Student	// Date
	team participation in AHSAA contests, such	e of Parent/Guardian (printed) I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (st