

LIBERTY UNION ATHLETIC DEPARTMENT
INFORMED CONSENT AGREEMENT 2011-2012 SCHOOL YEAR

_____ Student Name (Print)	_____ Grade 2011-2012	_____ Parent Name (Print)
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ATHLETIC ACCIDENT INSURANCE STATEMENT

The Liberty Union Schools strongly recommend that families of students involved in school athletic activities carry medical accident insurance. This is to protect the family from medical costs in the case of an athletic injury. The school recommends that either the student be insured by family medical insurance, or that the family purchase the accident insurance, which is available through the school.

Please check mark Option I or II as to which insurance option you are choosing:

Option I _____ I/We have family medical insurance that insures for medical costs associated with accidents or injuries involved in athletic participation. I/We also understand that the Liberty Union School District nor its employees are responsible for such medical costs when there is no negligence on the part of the employee or school district.

Option 2 _____ I/We will purchase accident insurance that is available through the school. I/We understand that the Liberty Union School District nor its employees are responsible for such medical costs when there is no negligence on the part of the employee or school district.

PHOTOGRAPHY/PUBLICATION AGREEMENT

As a school athlete, there is a strong chance that your child's picture and/or name may be used in newspaper articles, television/radio stories, newsletters, brochures, school web pages and other promotional products. By signing this sheet, you are acknowledging that this may happen and giving your consent.

ATHLETIC CODE OF CONDUCT

AS A STUDENT:

1. I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Athletic Code of Conduct.
2. I have read the Athletic Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Athletic Code of Conduct.
3. I understand and realize that there is risk of injury in participating in athletic activities.
4. I understand this is binding while a student at Liberty Union Junior High or High School (grades 7-12).

AS A PARENT/GUARDIAN/CUSTODIAN:

1. I have read the Athletic Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Liberty Union Local Schools.
2. I pledge to promote healthy lifestyles for all students athletes of the Liberty Union Local Schools.
3. I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.
4. I understand this is binding while my son/daughter/ward is a student at Liberty Union Junior High or High School (grades 7-12).

I have read and agree to follow all the rules listed in the training rules, athletic code of conduct and have completed the athletic accident insurance statement. Further, I understand that participation in an extra-curricular activity is a privilege and not a right and as such I recognize that I have a responsibility and an obligation to my supervisors and fellow students to set a good example for my school and community.

Date Signed

Signature of Student/Participant

Signature of Parent

Home Phone

Work Phone

Cell Phone

DETACH AND RETURN THIS PAGE