

# WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I am the parent or guardian of the participant named in this form. I recognize there are inherent risks involved in my child participating in physical activity. In consideration of the services provided by Dacula Junior Falcons, I hereby release, hold harmless and indemnify Dacula High School, Dacula Middle School, the Gwinnett County Board of Education and Dacula Junior Falcons, its directors, board members, coaches and volunteers from any and all liability for injuries, including but not limited to those resulting in cuts, sprains, dental injuries, illness, even more serious injuries, such as broken bones, dismemberment, paralysis, or death incurred as a result of participating in activities, or while in, or upon, the premises where the activity is conducted. I acknowledge risks can also arise from the negligence of other participants. I certify that my child is in good health and is able to participate in all program activities. I also understand that there are no express or implied warranties that shall apply, other than those expressly set forth in this agreement. Furthermore, in the event of an emergency requiring medical attention, my daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating and that I shall pay for the services rendered.

**WARNING:** Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I (we) hereby give consent for \_\_\_\_\_ to:

- (1) Compete in athletics at Dacula High School of the Gwinnett County School District.
- (2) Compete in athletics at Dacula Middle School of the Gwinnett County School District.
- (3) Compete in events for Dacula Junior Falcons Volleyball
- (4) Compete in events for Dacula Junior Falcons at facilities described under (1) or (2) or any other facility as necessary for season activities such as away matches or tournaments.
- (5) To accompany any school team of which the student is a member on any of its local or out-of-town trips;

Is a student domiciled at an address located in the Dacula Middle School District? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you attended this Gwinnett County school for at least one full school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Grade level as of the fall of 2023 \_\_\_\_\_ Date of birth \_\_\_\_\_ Telephone \_\_\_\_\_  
Parent/parents/guardian) \_\_\_\_\_

I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.

It is my express intent that THIS WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT SHALL BE EFFECTIVE AND BINDING on myself, my child, my spouse and the heirs, next of kin, executors, administrators, successors, and assign of myself and/or my child in the event of personal injury including death, illness, and/or property damage. This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

<b>SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)</b> _____ Date: _____
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# INSURANCE INFORMATION

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below.

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics (including, but not limited to, varsity and junior varsity football).

Company providing insurance: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Policy#: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Gwinnett County School System. (A signed copy of this Benefit Plan should be stapled to this form.)

**SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)**

Date: \_\_\_\_\_

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# AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, \_\_\_\_\_, may compete in club, middle school or high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any team activity involving my child, \_\_\_\_\_, which in the opinion of authorities present requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, athletic trainers, emergency medical technicians, and other healthcare providers selected by authorities to provide medical care and treatment (including hospitalization if deemed appropriate by school authorities or an appropriate healthcare provider) unless I am present and request otherwise or until I later request otherwise.

**SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)**

Date \_\_\_\_\_

Relation to Student: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_