



**AUTHORIZATION FOR TREATMENT AND
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration for participating in athletic events sponsored by, or in any way involving Caddo Parish School Board or any of its schools, I hereby release, waive, discharge, covenant not to sue and hold harmless the Caddo Parish School Board, its members, agents, faculty, staff, administrators, officers, servants, and employees (herein referred to as CPSB) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I or _____ (**student-athlete**) may sustain or experience, whether caused by the action or inaction, or the negligence of CPSB, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

To the best of my knowledge, _____ (**student-athlete**) can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained, or any loss or damage to property owned, as a result of the **student-athlete** being engaged in such an activity, whether caused by the negligence of CPSB or otherwise.

I authorize all medical treatment that may become reasonably necessary as a result of the **student-athlete's** participation in athletic events. I understand CPSB is not responsible for any costs related to medical treatment. I am aware that I may elect to purchase voluntary student accident insurance if I choose to do so and I will be responsible for all premiums associated with this coverage.

In signing this release, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this _____ day of _____, 20_____.

Student Athlete (Printed Name)

Parent/Guardian (Printed Name)

Parent/Guardian (Signature)



ACKNOWLEDGEMENT OF RISK

There is a risk of injury that comes with participation in athletics. The degree of seriousness or the risk and the type of possible injury varies with the sport or activity. Injuries could possibly range from concussions, broken bones, sprains, or even more serious conditions, such as death. These injuries may occur despite the best possible rules, measures of protection, instruction and coaching.

Having read this form and explained this to my son/daughter,

I, _____ (**Print-parent or guardian name**), hereby give my consent for my child to participate in athletics at _____ School.

Parent/Guardian (Signature)

Date

Student Athlete (Signature)

Date

***To help offset the cost of accidents which may occur while participating in athletics, you may wish to consider electing to purchase voluntary student accident insurance which is available under the Caddo Web Site. Parents are responsible for electing coverage for each child and for all premiums associated with the student accident insurance. For more information on the student accident insurance, go to the Caddo Web Site, click on Forms, go to page 2 of Forms, and click on Student Accident Insurance.**