

**INFORMED CONSENT STATEMENT**

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Athletic Director Initials

\_\_\_\_\_  
Date received