

ASSUMPTION OF RISKS AND RELEASE FORM FOR ATHLETIC PARTICIPATION
Mt. Abram High School 2018-2019

Student's Name	DOB	Grade

has permission to participate in the Mt. Abram spring sports program for the year 2018-2019

I hereby ASSUME ALL THE RISKS OF INJURY OR DEATH associated with athletic participation in the sports circled above. I hereby RELEASE Mt. Abram High School, MSAD #58, its employees, agents, representatives, coaches and volunteers from liability for all personal injuries which may be incurred by participation in the sports circled above. This form shall also serve as an ASSUMPTION OF RISKS AND A RELEASE for my heirs, estate, and for all members of my family resulting from any negligence in connection with participation in the MSAD #58 sports program. I agree if any part of this ASSUMPTION OF RISKS AND RELEASE FORM is held void, the remainder shall continue in full force and effect.

Because of any inherent dangers of participating in the above sports, I recognize the importance of following coaches' instructions regarding playing and training technique, team rules, etc., and agree to obey such instructions. In consideration of the Mt. Abram High School permitting me to play in the sport indicated above and engage in all activities related to the team, including, but not limited to, practicing or playing in that sport, I hereby assume all the risks associated with such participation. I agree to report all injuries to my coach within 24 hrs of their occurrence. I have read the 2017-2018 Mt. Abram High School Athletic Handbook and understand that it will be enforced by the Mt. Abram High School coaching staff and administration.

Student Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

