

**NASELLE – GRAYS RIVER VALLEY SCHOOL DISTRICT
FOOTBALL INHERENT RISK FORM**

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the football program.

I am aware that tackle football is a **HIGH-RISK SPORT** and that practicing or competing in tackle football will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of practicing and competing in tackle football include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in tackle football may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers of tackle football, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

I, _____ am the parent/legal guardian of _____

_____ (student). I have read the above warning and release and understand its terms. I understand that tackle football is a **HIGH-RISK SPORT** involving many **RISKS OF INJURY**, including but not limited to those risks outlined above.

In consideration of Naselle-Grays River Valley School District permitting my child/ward to try out for the school tackle football team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in, tackle football, I hereby assume all the risks normally associated with tackle football and agree to hold the School District, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in any way received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Athlete's Signature

Date

Parent's Signature

Date