Participant Agreement, Consent, And Release

This completed form must be kept on file by the school. This form is valid for the 2015-2016 school year.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and AHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby consent to the disclosure by my school to AHSAA, upon its request, and hereby grant AHSAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental/Guardian Agreement, Consent, And Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any AHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s):

_____.

List sport(s) exceptions here

B. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's/ward's school, to the AHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

C. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

D. **VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES.** I agree that in the event I, or anyone acting on my child's behalf, pursues litigation seeking injunctive relief or other legal action against AHSAA or any of its officers, directors, agents, or employees impacting my child (individually) or my child's team participation in AHSAA contests, such action shall be filed in the Montgomery County, Alabama, Circuit Court. I further agree that should AHSAA's ruling impacting my child or my child's team participation in AHSAA contests be overruled by the Circuit Court **or** AHSAA otherwise prevail in such litigation, then AHSAA shall be entitled to reasonable attorney fees and costs associated with the litigation.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

_____	_____	___/___/_____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
_____	_____	___/___/_____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

_____	_____	___/___/_____
Name of Student (printed)	Signature of Student	Date