



**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**MIDDLE SCHOOL ATHLETIC PARTICIPATION FORM**

C. Read this form completely and carefully. You are agreeing to let your minor child/ward engage in a potentially dangerous activity. You are agreeing that, even if your child's/ward's school, the schools against which it competes, the school district, and the contest officials use reasonable care in providing this activity, there is a chance your child/ward may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's/ward's right and your right to recover from your child's/ward's school, the schools against which it competes, the school board, the school district, and the contest officials in a lawsuit for any personal injury, including death, to your child/ward or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and your child's/ward's school, the school against which it competes, the school board, the school district, and the contest officials have the right to refuse to let your child/ward participate if you do not sign this form.

D. I/We know of, and acknowledge that my child/ward knows of, the risks involved in middle school athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in school athletics. **With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, and its officers, employees and assigns; the School District of Osceola County; my/our child's/ward's school; and the school boards, school districts and the schools against which the School Board of Osceola County, the School District of Osceola County and my school competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the middle school athletic activities and agree to take no legal action against the School Board of Osceola County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward and agree to take no legal action against the School Board of Osceola County or any officer, employee or agent because of any accident or mishap involving athletic participation. This release applies to all participation in middle school athletic activities for the entire school year.** I/We authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We 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/we 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. I/We understand that the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my child's/ward's school. If I choose to submit a revocation, however, I understand that my child/ward will no longer be eligible for participation in middle school athletics.

E. Please check the appropriate line.

\_\_\_\_\_ My child/ward is covered under our family health plan which has limits of not less than \$25,000.

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ I/We have no health insurance for my/our child/ward and we have elected to purchase the 24 hour student basic accident insurance plan or the school time basic accident insurance plan from Florida School Insurance. See their website for application: **www.floridaschoolinsurance.com**

**I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

\_\_\_\_\_  
Name of Parent (Printed)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (Printed)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date