

**Osceola Medical Center
OSD Student & Parents 2017-2018 Athletic Program
Informed Consent and Release**

This Informed Consent and Release is intended to cover the 2017-2018 school year and is by and between the undersigned Parents and Student and Osceola Medical Center (“OMC”). (References throughout this Agreement to Parent refers to the legal guardian(s) of the Student whether that individual is a legal parent or other legal guardian.) OMC under contract with the Osceola School District (“OSD”) is providing athletic trainers to provide athletic training and related services to student athletes of OSD (“Student(s)”). OMC’s athletic trainers will strive to maintain the health, safety, and well-being of your Student as our highest priority while the Student is participating in the approved sport or athletic program (“Program”); however there are risks in participation in any sport or athletic program. Before Student may participate in the Program, both Parent and Student must read this informed consent and sign this voluntary waiver, release and assumption of risk. This applies to the Student and to his or her Parent.

1. Parent and Student agree that there are risks involved in participating in the Program. These risks include, but are not limited to, risk of serious injury to or death of the Student. The Parent and Student assume all risks of participation as a condition to participation in the Program. Parent and Student acknowledge that participation in the Program is a voluntary act.
2. Parent, on behalf of the Student, releases OMC and its agents, board, directors, officers, servants, volunteers, and staff from any and all present and future liability and/or claims resulting from the Student’s participation in the Program and/or from the OMC Athletic Trainer’s care or instructions provided to the Student. This release of liability includes, but is not limited to, claims based on ordinary negligence, both passive and active, arising out of, or relating to any loss, damage to person or property, illness, accident, injury, or death that may be sustained while the Student is participating in the Program. This release also applies to all dangers inherently involved in the events and activities in which the Student participates in with his or her peers in the Program.
3. Parent and Student hereby authorize OMC to provide athletic training and instruction as well as emergency medical treatment in the event of the Student’s injury or illness. Parent and Student acknowledge that all records maintained by OMC’s athletic trainers will be maintained as educational records by OSD.
4. Parent understands the Program may obtain information such as academic records from the schools in order to provide and document services. Parent gives permission for such information to be released to OMC.
5. Parent hereby further states that Parent has carefully read the foregoing release, knows the contents, and signs this release as Parent’s own free act, on Parent’s behalf, and/or on behalf of the Student for whom Parent is authorized to act as a legal guardian.

Name of Student	Date
Printed names of Parents/Legal Guardian of Student	Date
Signature of Parents/Legal Guardian	Date
Signature of Parents/Legal Guardian	Date

CONTACT INFORMATION *(Please let OMC's Athletic Trainer know whenever this changes.)*

Name of Student: _____

School attending during 2017-2018: _____

Name of Parents/Legal Guardian: _____

Address: _____

City, state and zip code: _____

Work phone: (____) _____ Home phone: (____) _____ Cell phone: (____) _____

Student's e-mail address: _____ Parent's e-mail address: _____