**Lincolnwood Athletic Director: Mr. Joshua Stone**  jstone@panhandleschools.com 217-229-4313

**Morrisonville Athletic Director: Mr. Paul Stutz** pstutz@ga.mohawks.net 217-526-4432

**Assumption of Risk and Attendance Form**

**Athletic Director’s Meeting**

My son/daughter desires to participate in the Lincolnwood and/or Morrisonville Athletic Programs.

We understand participation in the athletic program involves rigorous physical activity and risks of physical injury and we assume these risks. We understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, coaching instructions provided, medical care provided, and other efforts taken, there is no guarantee that participants will not be injured. We agree to assume and accept these risks.

We hereby give consent for emergency transportation and treatment in the event of illness or injury. We hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. To the best of our knowledge we further certify the participant is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

Parent or legal guardian does hereby covenant and agree to release and hold harmless the Panhandle School District from and against any and all liability, loss, damages, claims or actions (including costs and attorney’s fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the athletic program.

By attending/viewing this meeting, I understand all the rules and requirements for being an athlete at Lincolnwood High School and or Morrisonville Junior High School. If I have any issues, I will contact my coach and/or athletic director immediately

School Athlete Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Year: \_\_\_\_\_\_\_\_\_\_\_

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 Printed Name of Athlete Signature of Athlete Date

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 Printed Name of Parent/Guardian Signature of Parent/Guardian Date