SPORTS SPECIFIC SAFETY GUIDELINES AND CONSENT

WRESTLING

North Kitsap School District strives to protect each student from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Advise the coach if you are ill or have any prolonged symptoms of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concerns.
6. Recognize illegal holds as defined by the rule book.
7. Wear approved proper-fitting apparel when wrestling with an opponent, either in practice or in a match.
8. Wrestle a safe distance from all walls and other obstructions. All wrestling will be done on the mats provided for wrestling.

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 wrestling program.

I am aware that wrestling is a ***HIGH-RISK SPORT*** and that practicing or competing in wrestling will be a dangerous and unpredictable activity involving ***MANY RISKS OF INJURY***. I understand that the dangers and risks of practicing and competing in wrestling include, but are not limited to, transmittable disease and disorders, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in wrestling 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 wrestling, I recognize the importance of following coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

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

In consideration of the _____ School District permitting my child/ward to try out for the _____ School wrestling team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in wrestling, I hereby assume all the risks normally associated with wrestling 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 anyway 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.

_____/_____ _____

Print Athlete's Name Athlete's Signature Date

_____ _____

Parent's/Guardian's Signature Date

Revised 5/6/2010