

**CHESTERFIELD COUNTY PUBLIC SCHOOLS
CHESTERFIELD, VIRGINIA**

Parent/Guardian CONSENT and ASSUMPTION OF RISK Agreement

SCHOOL: _____

STUDENT'S NAME: _____

ATHLETIC ACTIVITIES:

CONSENT:

I request that the above named student be allowed to participate in **non-mandatory school athletic activities** open to the entire student body of the above school and specifically consent to his/her participation. I give permission for the supervising personnel to obtain emergency medical treatment for the above named student if necessary. I will be financially responsible for any medical attention needed as a result of the student's participation in non-mandatory school athletic activities.

ASSUMPTION OF RISK:

I have read the description of the activity(s) and understand its contents. I understand that this activity(s) involves risk or injury or harm to my child. I understand that my son/daughter may not be under observation and direct control at all times during his/her participation in this activity(s). I understand the School Board and its employees will not be financially responsible to my child or me if my child is harmed participating in this activity(s).

In consideration of Chesterfield County Public Schools permitting my child to participate in the activity(s), I hereby assume the risks which may arise by or in connection with the activity(s) listed above.

Date: _____

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____