



**THE SCHOOL DISTRICT OF LEE COUNTY
INTRAMURAL ATHLETICS ACKNOWLEDGEMENT, CONSENT & RELEASE FORM**

GENERAL INFORMATION: (PLEASE PRINT)

Student's Name: _____ Sex: _____ Date of Birth: ____/____/____
LAST NAME FIRST NAME

School: _____ Grade: _____ Student ID#: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone:(____) _____ Cell Phone: (____) _____

INTRAMURAL ATHLETIC ACTIVITIES:

I acknowledge, consent and release my/our child to participate in intramural athletics activities.

PARENTAL/GUARDIAN ACKNOWLEDGEMENT, CONSENT & RELEASE OF LIABILITY:

*(This form must be completed and signed on the **back** by all parents/guardians. If divorced or separated, parent/guardian with legal custody must sign.)*

I/We acknowledge that intramural athletics are voluntary activities. I/We acknowledge the risks involved in athletic participation and choose to accept responsibility for my/our child's safety and welfare while participating in intramural athletic activities. I/We consider him/her physically capable of participating in intramural activities. With full understanding of the risks involved, and in consideration of the school allowing my/our child to participate in intramural athletic activities, I/We release and hold the School District of Lee County harmless for any injury or claim resulting from participation in intramural athletic activities. I/We further authorize the school to obtain emergency medical treatment for my/our child should the need arise for such treatment while my/our child is under the supervision of the school intramural athletic activities.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF _____(school name), ITS AGENTS AND EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD 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 RIGHT AND YOUR RIGHT TO RECOVER FROM _____(school name) ITS AGENTS AND EMPLOYEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD 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 _____(school name) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. Section 744.301, Florida Statutes

This release shall remain effective for whatever period of time my/our child participates in intramural athletic activities in the School District of Lee County.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

INSURANCE REQUIREMENTS:

All students must have insurance to participate in intramural athletic activities. It is the parent/guardian's responsibility to purchase and maintain insurance while the student is participating in intramural athletic activities. The School District of Lee County does not provide health insurance and is not responsible for student medical bills.

Please check the appropriate space(s):

_____ My/Our child is covered under a major medical health insurance plan.

Company: _____ Policy #: _____

_____ My/Our child is covered by student accident insurance _____ 8 Hour Plan _____ 24 Hour Plan

Signature of Parent/Guardian: _____ Date: _____