



Smart Schools. Proven Results.

Parent/Guardian Liability Statement

We, at KIPP DC (“KIPP”) make every attempt to provide our students with opportunities to develop skills and interests through enriching activities, so they may continue to succeed. However, student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation, and other items that can cause injury and/or death. This communication is to help you and your student understand that there are potential dangers involved while participating in athletics before deciding to become involved in these activities at KIPP DC. By signing this agreement, you agree that it is your responsibility to consult with a medical professional prior to, and regarding your child’s participation in physically and mentally challenging activities.

In consideration of KIPP DC allowing my child (student’s name) _____ to participate in athletics, I agree as follows:

1. **Assumption of risk.** I acknowledge that participation in athletics involves the possible risk of serious bodily injury, death, and/or property damage. I assume and accept all risk of bodily injury, death, property damage, and any and all other harm connected with or arising out of participation in athletics. I acknowledge that I am responsible for all medical expenses resulting from illness or injury in connection with or arising out of my child participating in athletics.
2. **Acknowledgment of hazardous activities.** I acknowledge that athletics may involve strenuous and hazardous physical activities. I certify that my child is in excellent physical health and has no physical limitations that would prevent him or her from fully participating in athletics. If my child requires any additional accommodations to participate, I have listed them at the bottom of this form. I grant permission to KIPP DC and its Agents (defined below) to provide emergency medical treatment to my child if needed.
3. **Release and indemnity.** I (on my behalf and on behalf of my heirs, personal representatives, executors, administrators, successors, and assigns) hereby (A) release KIPP DC, any sponsor or corporate partner of KIPP DC, and their representatives, successors, assigns, employees, and volunteers (the “Agents”) from and against any and all claims, demands, actions, costs, losses, expenses, damages or causes of action for injuries or illnesses (up to and including death) that my child might suffer arising out of or in any way connected with or related to their participation in athletics (the “Claims”); and (B) defend, indemnify, and hold harmless KIPP DC and the Agents from and against any and all Claims which may be brought against them by anyone claiming to have been injured or damaged as a result of my child’s participation in athletics.
4. **Acknowledgement of Documentation:** I affirm that I have read and understood the contents of the concussion awareness form and cardiac health documentation, including any guidelines, precautions, or recommendations outlined therein. I recognize the significance of being aware of potential concussion and cardiac risks and taking necessary precautions to mitigate them.

I certify that I am the parent or legal guardian of my child and acknowledge that the authorizations, agreements, and waivers included herein apply to my child. I am signing to evidence the agreement of my child.

(Parent or legal guardian name printed)

(Date)

(Signature of parent or legal guardian)

(Email)



Smart Schools. Proven Results.

Insurance and Billing Information

While participating in athletics (*please check one or more of the following*):

- My child (**student's name**) _____ will be covered by the following insurance which will take care of claims made due to injury (i.e., medical insurance through my place of employment):

(Name of insurance company)

(Policy number)

(Address of insurance company or administrator)

(Telephone number of insurance company or administrator)

- My child will NOT be covered by insurance. I will assume all costs in connection with any injury.

Should it become necessary for this student to require medical treatment while participating in an athletic event, trip, or practice session, I hereby authorize KIPP DC's healthcare providers (i.e. athletic trainers, team/game physicians, and emergency medical technicians (EMT)) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if KIPP DC personnel are unable to reach those designated as emergency contacts, I give my consent to the KIPP DC athletic health care providers to take my child to a hospital, emergency care center, or available physician.

(Signature of parent or legal guardian)

(Date)