

# LITTLE ROCK SCHOOL DISTRICT

## PARENT'S ATHLETIC CONSENT FORM

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

SPORT(S) \_\_\_\_\_

SEX (CIRCLE ONE): MALE FEMALE RACE(CIRCLE ONE): BLACK WHITE HISPANIC OTHER

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WE, THE PARENTS/GUARDIANS OF THE ABOVE NAMED STUDENT HEREBY GIVE OUR CONSENT AND PERMISSION FOR HIM/HER TO PARTICIPATE IN THE ABOVE NAMED SPORT(S).

WE ARE AWARE THAT ATHLETIC INSURANCE PROVIDED BY THE DISTRICT COVERS ALL STUDENTS WHILE THEY ARE PARTICIPATING IN SPORTS AND ARKANSAS ACTIVITIES ASSOCIATION (AAA) ACTIVITIES THAT ARE SCHOOL SCHEDULED, SCHOOL SUPERVISED AND SCHOOL FUNDED DURING THE REGULAR SCHOOL TERM.

PARTICIPANTS ARE ALSO COVERED WHILE THEY ARE TRAVELING AS A SPONSORED GROUP IN A SCHOOL ASSIGNED CAR, BUS OR VAN OPERATED BY A LICENSED DRIVER OVER THE AGE 21 TO AND FROM THE SCHOOL AND A COVERED EVENT SITE, AND WHILE STAYING OVERNIGHT, AS A SCHOOL SUPERVISED GROUP, DURING A COVERED EVENT HELD AWAY FROM THE HOME SCHOOL. THIS INSURANCE IS "EXCESS". CATASTROPHIC INSURANCE COVERAGE IS ALSO PROVIDED BY THE AAA AND THE DISTRICT FOR ALL SR.HIGH AND MIDDLE SCHOOL ATHLETES RESPECTIVELY. THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY AND HAS A \$25,000 DEDUCTIBLE TO COMPLIMENT THE DISTRICT'S EXCESS POLICY.

WE REALIZE THAT PARTICIPATION IN SUCH ACTIVITY INVOLVES THE POTENTIAL FOR INJURY INHERENT IN ALL SPORTS.

WE ACKNOWLEDGE THAT EVEN WITH THE BEST COACHING, THE BEST EQUIPMENT AND STRICT OBSERVANCE OF REASONABLE AND PRUDENT ACTIVITIES, INJURIES OF A SERIOUS NATURE MAY RESULT. IN SOME RARE INSTANCES DISABILITY OR DEATH MAY OCCUR. WE WILL NOT HOLD THE LITTLE ROCK SCHOOL DISTRICT RESPONSIBLE FOR INJURIES RESULTING FROM PARTICIPATION IN THE DISTRICT SPORTS PROGRAMS.

WE HEREBY GRANT PERMISSION TO QUALIFIED MEMBERS OF THE SCHOOL'S STAFF TO ADMINISTER EMERGENCY FIRST AID IN CASE OF INJURY OR ILLNESS TO OUR CHILD. WE FURTHER GRANT PERMISSION TO QUALIFIED MEMBERS OF A MEDICAL ORGANIZATION OR QUALIFIED PHYSICIAN TO TREAT OUR CHILD IN CASES WHERE IT IS DEEMED TO BE A LIFE-TREATENING ILLNESS OR INJURY.

WE DO OR DO NOT HAVE A PERSONAL OR GROUP INSURANCE POLICY. (CIRCLE ONE)

**\*WAIVER AND RELEASE OF CLAIMS: WE, The Parent/Guardian and Student, hereby waive any and all claims and demands for relief, whether past or future and regardless of the legal or factual basis thereof, that could be asserted in any forum or manner whatsoever, based upon, related to, or concerning the Student's participation in the school athletic workouts, practices, or meetings, expressly including but not limited to any claim arising from infection, illness, or death, including from COVID-19, to persons or any economic damages, including those claims based on any alleged or actual negligence, any breach of any express or implied statutory or other duty of care, or mistakes or errors in judgment of any kind, and expressly release, discharge, indemnify and hold harmless the Little Rock School District, its employees, Board of Education members, agents, and insurance carriers from and against any and all such claims and demands regardless of when or by whom asserted.**

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ AGENT \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE