

LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION

12720 Old Hammond Highway

Baton Rouge, LA 70816

PARENTAL RELEASE AND ACKNOWLEDGEMENT OF RISK

The LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA), in an effort to continue its promotion and development of student-athletes in the State of Louisiana during these difficult times and special circumstances, hereby offers the following release and acknowledgement to parents as a prerequisite to participation in athletic competition, conditioning and training. An affirming signature will be required on behalf of all student-athlete participants.

I, _____, the parent/legal guardian of _____, do affirm and acknowledge each of the following, free of coercion from any source or origin:

1. I am aware that my child has not obtained a physical examination and is desiring to engage in summer athletics, conditioning and training. I further understand that an annual physical examination is recommended for all student-athletes.
2. I am aware of no medical condition, illness, injury and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
3. I am not aware of and have no reason to believe that his coaches are aware of any such medical condition, illness, injury, and/or disorder that would preclude his/her full participation in athletic competition, training, and/or conditioning.
4. I will immediately advise the head coach and any other associated personnel should I become aware of any condition, illness, injury, disorder, and/or other reason why my child should not participate in athletic competition, training and/or conditioning.

Accordingly, I hereby request that _____ (High School) allow my child to participate in athletic competition, training, and conditioning without restrictions, and I do hereby release the LHSAA, school district, school, its employees, contractors, insurers, and/or assigns from any claims arising out of the absence of an updated physical examination by a qualified physician. I understand and acknowledge the risks associated therewith.

Signed this ____ day of _____, 2020.

_____ (Signature of Parent)

Printed Name of Parent: _____

Printed Name of Child: _____