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: ___________________________________