

PARENT/ GUARDIAN CONSENT

I hereby give my consent for _____ to compete in
Print Name of Student

OSAA or Phoenix-Talent School District approved athletics and activities. Permission to participate is given in accordance with all materials signed upon enrollment and on file in the school office. Participation is a privilege that may be revoked if the student does not comply with the rules of the school handbook. Parents are expected to make travel arrangements and pay for the expenses if a student needs to be returned to school for disciplinary or health reasons from an out-of-town location.

I understand there are risks/dangers involved with participation in off-campus trips and their associated activities. By signing below, I agree to hold harmless Phoenix-Talent School District, it's affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to secure medical treatment immediately and then contact me as soon as possible, thereafter. I authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Signature of Parent/ Guardian

Last Name Printed

Date