

**RED CLAY CONSOLIDATED SCHOOL DISTRICT
SECONDARY SCHOOL ATHLETICS
REQUEST TO PARTICIPATE AND RELEASE AGREEMENT**

Student's Name: _____

By signing the form below, I am requesting that the student whose name appears above ("Student") participate in one or more interscholastic athletic activities (collectively, "Activities") of the Red Clay Consolidated School District (the "District").

In consideration of the District permitting the Student to participate in one or more of the Activities, I am entering into this release agreement with the District. I understand that participation in the Activities could subject the Student to the risk of personal injury. These risks have been considered, and I have voluntarily chosen to allow the Student to participate in the Activities and assume all dangers and risks of such participation. I certify that the Student is in suitable health and capacity which allows the Student's participation in the Activities.

I knowingly and voluntarily release, waive and agree to indemnify and hold the District, its agents, employees and successors or assigns thereof harmless from and against any claim which I, the Student, or anyone else may now or hereafter have against the District that arises out of, during, or in connection with the Student's participation in the Activities. This release agreement shall be construed to be as comprehensive as is allowed by law.

I have read and understand this release agreement. I have also read and understand the information provided on the Interscholastic Sports Insurance Program and will abide by the provisions therein.

Signature of Parent/Guardian

I am the Student referred to above, and I am 18 years of age now or will be during the school year. I agree to the terms of this release agreement.

* Signature of Student Athlete

Address: _____

Date: _____

* Signature of Student Athlete is only necessary if student is, or will be, 18 years of age or older during the school year.