

Hawaii State Department of Education

STUDENT PARTICIPATION AND PARENT/LEGAL GUARDIAN CONSENT, RELEASE, AND ASSUMPTION OF RISK FORM

This consent, release, and assumption	n of risk agreement is made and entered	into by and between _	Minor Student ,
born	, and		,
Birthdate	, and Pa		
and the Department of Education, an	agency of the State of Hawaii, this	day of _	, 20
	OR		
This consent, release, and assumption	n of risk agreement is made and entered	into by and between .	
			Adult Student
(i.e. Adult student is 18 years old or ol	der at the time of this agreement), born _	Birthdate	, and the Department of Education,
an agency of the State of Hawaii, th	S	day of	. 20
,	WITNESSETH		,
NALLEDE A C			
WHEREASStu	dent Is a minor or	an adult student (nere	eafter referred to as "student") attending
	School		
WHEREAS, student is a member of	he school's	Sport	interscholastic athletic team;
Athletic Association (HHSAA); WHEREAS, student has been evalu	ve must comply with the rules and regula lated by the athletic staff of the school his/her participation in interscholastic athle	as well as by student	
	Il guardian have been apprised that no	•	can prevent head, neck, brain, or other
WHEREAS, student and parent/lega	guardian acknowledge that equipment s lation of the rules of the game and can re		
of the risks involved explained to stude	guardian, after having been informed of ent by the Department of Education, unde ee will and not by coercion or influence for	erstand the risks, and a	
NOW, THEREFORE, based upon the	above understanding, student, for himse	lf/herself, his/her heirs	, executors, administrators and assigns,
and,Parent/Legal Guardian of M	nor Student as parent/legal (guardian of student, h	ereby acknowledge that they have been
even death, and hereby consent to the	ent's participation in interscholastic athlet e participation of student in such athletic ent of Education, State of Hawaii, its offici	activity and competition	on, agree to assume these risks as their
from or by reason of any athletic injury	to student, while participating as a mem	ber of the	Sport interscholastic
athletic team in sports activities that a	re sanctioned by the HHSAA, including tr	avel.	Gp
	gal guardian understand that the Donnee coverage prior to participating in	-	

(AHCT), qualified coach/staff, or a physician as may be determined by school officials, to provide any emergency care and/or follow-up medical treatment that may be deemed by school officials to be necessary for the student in the course of such athletic practice, competition or travel.

The student and parent/legal guardian further consent and authorize the school's AHCT to provide appropriate therapeutic modalities in order

that all insurance and medical costs related to any injury are the sole responsibility of the parent/legal guardian. The Department of

The student and parent/legal guardian further consent to allow the student to travel as a team member in local, interisland and out-of-state athletic events. The student and parent/legal guardian further authorize the school officials through a certified athletic health care trainer

Education will NOT assume and is NOT responsible for any of these costs.

to return student to athletic competition, such care to be conducted under the direction of a physician.

Rev. 5/13, RS 13-1288 (Rev. of RS 12-0988)

The student and parent/legal guardian further consent and authorize the school's AHCT to administer baseline and/or post injury concussion management assessment in order to manage a concussion or suspected head trauma, such care to be conducted under the direction of a physician.

The student and parent/legal guardian hereby consent to the release of medical information by the physician to the school for purposes of allowing the school to obtain information regarding the medical history, records of injury or surgery, serious illness, and rehabilitation results of the student from his/her physician(s). We understand that the purpose of this request for medical information is to assist the school in the management or rehabilitation of an injury/illness. This information is normally confidential and except as provided in this release will not be otherwise released by the parties in charge of the information. This release shall remain valid until revoked by the adult student or parent/legal quardian in writing.

The student and parent/legal guardian expressly agree that this assumption of risk and release agreement is intended to be as broad and inclusive in favor of the State of Hawaii as permitted by the laws of the State of Hawaii and that if any provision herein is held to be invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full force and effect.

The parties understand and agree that this agreement is made with full knowledge of the facts and legal implications of entering into such an agreement and they further agree that this agreement contains the entire agreement between the parties, hereto, and that the terms of this agreement are contractual and not mere recitals.

The laws of the State of Hawaii shall control this agreement.

Student's Signature		Adult Student's Signature			
Parent/Legal Guardian's Signature					
EMERGENCY INFORMATION:					
Student's Name		Home Telephone			
Father/Legal Guardian's Name	Bus. Phone	Cell. Phone	Employer		
Mother/Legal Guardian's Name	Bus. Phone	Cell. Phone	Employer		
Medical Condition (allergies, prescription medicine, etc.)					
		Policy #			
When the listed student becomes ill or incurs an injur authorities have my permission to contact and release the					
Name	Relationship	•	bhone Business Telephone		
Family Physician					
Preferred Hospital/Clinic					
To ensure prompt attention to your child, PLEASE NOT ADDRESS.	IFY THE SCHOOL ATHLET	IC DEPT. OF ANY CHA	NGE IN PHONE NUMBERS OR		
Signature of Parent/Legal Guardian or Adult Student		Da	te		

ALL INFORMATION ON THIS CARD MUST BE COMPLETED FOR PARTICIPATION ELIGIBILITY.