

NAME _____ DATE OF BIRTH _____
Last First M.I.

Present Address _____ Telephone _____

Parent's Name _____ Telephone _____

Place of Employment _____ Work Telephone _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Policy # _____

Legal Waiver and Release

1. I give my permission for the above named student to practice, compete and represent the school in WIAA and/or approved interscholastic sports except those restricted on this card.
2. I grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. It is recommended that information regarding your child's allergies and prescribed medications be made available.
4. We authorize consent between the athlete, parents, Muskego-Norway School District representative, Aurora Sports Medicine Institute representative or any healthcare provider to; discuss any pertinent information in regards to current or previous medical conditions, perform necessary evaluative procedures and secure treatment of injuries or medical conditions sustained through participation.
5. We further authorize the Muskego-Norway School District representative, or Aurora Sports Medicine Institute representative to take any necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility and the EMF to treat the condition in the event that we are physically unable to give consent ourselves.
6. We understand that participation in co-curricular activities provided by Muskego-Norway School District may result in injury, some of which could **result in catastrophic outcomes** including, but not limited to; concussion, permanent, paraplegia, and death. Participants hold the responsibility to perform only approved safe techniques in practices and games.
7. Participants/Parents/Guardians have been educated on the signs, symptoms and care of concussions and agree to abide by MNSD concussion protocols.
8. We accept all risks associated with participation while using our facilities or services.

It is the student's responsibility to read and follow all WIAA rules of eligibility. These rules are posted on the MNSD website.

Having been cautioned and warned, we sign this document voluntarily, intelligently and with full knowledge of its legal consequences. Furthermore, we release the Muskego-Norway School District, the members of the Muskego-Norway School Board, and their respective employees and agents and Aurora Sports Medicine Institute Representatives from any liability and or claims of negligence that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the Muskego-Norway School District does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation does not lie with the District. We understand that this release will apply to me, personal representatives, heirs, and assigns.

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Athlete/Participant _____