

# BLUE DRAGONS

DEPARTMENT OF ATHLETICS

1300 No. Plum, Hutchinson, KS 67501

Phone 316 665-3530



PARTICIPANTS  
RISK ACKNOWLEDGMENT  
AND  
CONSENT TO PARTICIPATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(print legibly)

I wish to participate in the sport(s) of

\_\_\_\_\_ at \_\_\_\_\_  
(name of school)

during the \_\_\_\_\_ school year. I realize that there are risks involved in my participation, and attended a meeting on \_\_\_\_\_ where these risks were discussed and explained. I listened to presentations by administrators, coaches and sports medicine experts, and understand that the risks involved include a full range of injuries, from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer other permanent disability as a result of my participation in this sports program. I agree to accept this risk as a condition of my participation.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

