

**ATHLETIC DEPARTMENT
LONDON CITY SCHOOLS
336 ELM STREET
LONDON, OHIO 43140
(740)852-5705, ext. 1114 Fax (740)845-3284
Jim Wolverton, Athletic Director
jim.wolverton@london.k12.oh.us**

PARENT ACKNOWLEDGEMENT OF RISK

We/I, the parent(s) of _____
(Student), do hereby acknowledge that we/I have been fully advised, cautioned, and warned by the proper administrative and coaching personnel of the _____ (School District) that our/my child named above, may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, by participating in the sport of _____ (Sport) notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to _____ (Child) participating in the sport of _____ (Sport).

WITNESSES:

(Name of Parent)

(Name of Parent)

(Date)

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STUDENT ACKNOWLEDGEMENT OF RISK

I, _____ (Name), hereby
acknowledge that I have been properly advised, cautioned, and warned by the
proper administrative and coaching personnel of the
_____ (School District) that by participating in
the sport of _____ (Sport) I am exposing
myself to the risk of serious injury, including but not limited to, the risk of sprains,
fractures and ligament and/or cartilage damage which could result in a temporary or
permanent, partial or complete impairment in the use of my limbs; brain damage;
paralysis; or even death. Having been so cautioned and warned, it is still my desire
to participate in the above sport, I hereby further acknowledge that I do so with full
knowledge and understanding of the risk of serious injury to which I am exposing
myself by participating in the above sport.

WITNESSES:

(Name of Student)

(Date)

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