

RETURN TO LVHS

LANDER VALLEY HIGH SCHOOL
STUDENT/PARENT/GUARDIAN INFORMED CONSENT

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coaches' rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make the decision to participate in an activity, you are assuming the shared responsibility of following the activities rules, the coaches' rules, and the equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation, and you realize that there is a risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis and even death.

Activity program(s) specifically excluded: _____

Date _____ Signature of Student _____

Signature of Parent _____

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL ASSISTANCE

I hereby authorize Fremont County School District #1 and its faculty/staff members in charge of my child named below to obtain all necessary medical care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

Student's Name _____

Father's Name/work &/or cell phone _____

Mother's Name/work &/or cell phone _____

Home Phone _____ Address _____

INSURANCE INFORMATION:

Company Name: _____

Policy Number _____

Insured Person _____

Signature below acknowledges that I have read and understand the above warning and I give consent for emergency assistance that might be needed:

Date _____ Signature of Parent/Guardian _____