

ASHLAND PUBLIC SCHOOLS ATHLETIC PROGRAM
CONSENT AND RELEASE FORM

I, the undersigned Parent/Guardian of

NAME OF STUDENT

("my child"), a minor, do hereby consent to my child's participation in voluntary athletic programs of the Ashland Public School District.

I also agree to forever release the Ashland Public Schools, the Ashland School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of the Ashland Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Ashland Public School's voluntary athletic programs.

I promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Ashland Public School's voluntary athletic programs.

I, as well as my child, have read the information on the Center of Disease Control website (www.cdc.gov/traumaticbraininjury/) regarding recent ruling of concussion safety in interscholastic sports in the state of Massachusetts. We have also read and signed the Ashland Public School's Concussion Statement with the understanding of the risk of head injuries involved in athletics. In compliance with the new regulations, I have also provided my child's head injury history on the report form (if applicable).

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Ashland Public School's athletic programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Ashland Public School's athletic programs.

Parent Signature: _____ **Date:** _____
Student Signature: _____ **Date:** _____

History of Head Injury Report Form included: YES / NO

**Ashland Public School
History of Head Injury Report Form**

Due to a new law regarding sports-related head injury and concussion, parents are required to inform their athletic department, coaches and school nurse about prior head injuries at the beginning of the sports season. Please complete the following information as accurately as possible:

Name of student-athlete: _____

Year of graduation: _____ Sport and level: _____

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

History of Head Injuries (Use additional forms if necessary):

Head Injury # 1:

Date: _____

Detailed explanation of how injury occurred

Detailed explanation of diagnosis

Detailed explanation of treatment

Head Injury # 2:

Date: _____

Detailed explanation of how injury occurred

Detailed explanation of diagnosis

Detailed explanation of treatment
