

Informed Consent and Release for Participant Agreement

I authorize the above named child to participate in the Cambridge Rindge & Latin High School Athletic Program(s). I and my child understand that as a participant, my child will be engaged in physical and athletic activities and that there are inherent risks in athletic participation, including athletic practices and competitions, and that such participation, which is voluntary, involves the potential for injury to my child. I and my child also understand that such injuries may include total and/or permanent disability, paralysis or death. I and my child are aware that participation in interscholastic athletics will involve traveling with the team, and that such traveling may expose my child to the risks of a motor vehicle accident as well as other risks and conditions that result from traveling. I and my child understand that the Cambridge Public Schools will not accept responsibility for any injuries sustained. I and my child acknowledge and agree that my child may assume the risks associated with participating in Cambridge Rindge and Latin School Athletic Program(s) and the various activities that will be conducted as part of the Cambridge Rindge & Latin High School Athletic Program(s). I also give permission for my child to be Impact Tested (to evaluate for concussion). I and my child understand that my child will be obliged to abide by the conditions covering participating in interscholastic athletic activities, the school based rules and codes of conduct of the Cambridge Public Schools Rights and Responsibilities Handbook, Cambridge Rindge and Latin School Handbook, Massachusetts Interscholastic Athletic Association rules as well as rules of conduct promulgated by organizers of the Cambridge Rindge & Latin High School Athletic Program(s). I and my child further understand that the Cambridge Public Schools expressly prohibits hazing and that any individual found to be a principle organizer or participant in any conduct or method of initiation into any organization which willfully or recklessly endangers the physical or mental health of any student or other person will not only lose all interscholastic privileges but also will be prosecuted to the fullest extent of the law. I and my child also understand that the Cambridge Public Schools will not be responsible for expenses incurred if my child is sent home earlier than the scheduled return date due to his/her behavior that is unacceptable and/or compromises the health, safety or well-being of other individuals participating in the Cambridge Rindge & Latin High School Athletic Program(s). I and my child certify that we both have read and understand the policy documents related to athletics and all agreements and forms that are required to be completed for athletics and certify that all information provided is true, accurate and complete. By signing this form and granting permission as state herein, I am releasing the City of Cambridge, Cambridge Public Schools, Cambridge School Committee and/or their respective officers, directors, agents and/or employees from and against all claims, losses and liabilities arising out of or related to my child's participation in the Cambridge Rindge & Latin High School Athletic Program(s).