



Release of Liability / Voluntary Summer Athletic Training/ St. Louis Park Public School District

As a parent/ guardian of a participant, by signing this form, I acknowledge and knowingly assume all risks associated with my son/daughter participating in the summer sports training. I acknowledge that injury may even arise from negligence by the participants or others and I assume full responsibility for the participation of my son or daughter. I hereby release St. Louis Park Public School District, the Athletic Department, Coaches, medical staff and other campus personnel from any claims or responsibility for any injuries suffered at the St. Louis Park High School summer sports training. Since the training does not provide medical insurance for participants, it is my responsibility to pay for all off-site medical treatments that may be needed. I certify that my son or daughter is in good physical condition and can participate in St. Louis Park High Schools summer sports training.

The undersigned parent warrants that they are legal guardians of the child and that no other legal guardian has been appointed.

The undersigned warrants that he/she has read this agreement and fully understand it to be a release of all claims, known or unknown, present or future, that he/she has or may have against the party or parties released, arising out of or in any way connected with the matters described herein.

The undersigned acknowledge and agree that _____ may participate in St. Louis Park High School voluntary summer sport training.

Date _____

Parent/Guardian Signature

Participant Signature

Printed Name

Printed Name