



THE WOODHALL SCHOOL
ACADEMIC YEAR 2016 – 2017
CONSENT AND RELEASE FOR ATHLETIC ACTIVITIES

ATHLETICS

This Consent and Release is entered into by and between The Woodhall School, Bethlehem, CT

and _____
Print parent/guardian name

on behalf of _____
Print student name

This Consent and Release has been signed only after understanding and considering the following:

ATHLETIC ACTIVITY

- A. I will provide The Woodhall School with a report of the Student's physical examination, which will be based on a physical examination conducted within 12 months prior to students' participation in The Woodhall School Athletic Program.
- B. I will inform The Woodhall School of any accidents or illnesses which may adversely effect the student's ability to safely participate in any aforementioned athletic activity.
- C. I represent that I have disclosed and I undertake a continuing duty to disclose to The Woodhall School any and all of the student's physical, emotional, or any other conditions, which may adversely affect his ability to safely participate in the aforementioned athletic activity.

CONSENT

I hereby request that the Student be allowed to participate in The Woodhall School Athletic Program and I specifically consent to this participation. If any emergency medical procedures or treatment are required during the Student's participation in the aforementioned athletic activity, I consent to the coach or other teacher or agent of The Woodhall School taking, arranging for or consenting to the procedures or treatments.

RELEASE

In consideration of permission granted to the Student by The Woodhall School to participate in The Woodhall School Athletic Program. I hereby release and discharge The Woodhall School, its agents, employees, officers, and representatives from and against any and all claims, demands, actions, judgments, and executions which the undersigned or any other parent or guardian may have or claim to have against The Woodhall School its successors or assigns, for any and all losses, and damages or injuries known or unknown, and injuries to property, real or personal, caused by, or arising out of, during, or in connection with The Woodhall School Athletic Program or the rendering of emergency medical procedures or treatment, if any. I, the undersigned, have read this consent and release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date