

Acknowledgement of Receipt of Concussion Guidelines

**Parent's/Guardian's Signature**

I, (print name) \_\_\_\_\_, acknowledge that I am the parent or guardian of the student (below); that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505; and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against \_\_\_\_\_ School District, No. \_\_\_\_\_, its employees, agents, and Trustees, related to any injury or damages that student may experience or incur as a result of participation in such school athletics leagues or sports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student's Signature**

I, (print name) \_\_\_\_\_, acknowledge that I am a student of \_\_\_\_\_ School District, No. \_\_\_\_\_, or otherwise am allowed to participate in school athletics leagues or sports; that I have received from the District information related to student athlete concussions, including information from the State Department of Education, the Idaho High School Activities Association, and District Policy 3505; and have had the opportunity to review and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Both signature lines must be filled in and this form must be provided to the District prior to the student athlete participating in any school athletic leagues or sports.**