



**DETROIT PUBLIC SCHOOLS
PARTICIPATION CONSENT AND RELEASE
ELEMENTARY-MIDDLE SCHOOL SPORTS PROGRAM**

Student Name: _____ Age: ____ Grade: ____ DPS Elementary-Middle Schools Sports Program: _____ Please Print List Applicable Sport here
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I, the parent/guardian of the named student, hereby give permission for my child,

(Name of Child)

to participate in the DPS Elementary-Middle Schools Sports Program by playing the sport identified above.

Rules: I acknowledge that my son/daughter must abide by the school based rules and the codes of conduct stated in the Rights and Responsibilities of Students in the Detroit Public Schools (aka “Student Code of Conduct”).

Acknowledgement of Risks: I acknowledge that my child’s participation in DPS Elementary-Middle Schools Sports Program and the listed sport may involve risk of serious injury, permanent disability or death. Serious injury includes, but is not limited to, fatal injury, neck, spinal, bone, other serious injury or other physical impairment.

Release: By executing this Participation Consent and Release Form and granting the permission stated herein, I, for myself, heirs, personal representatives and/or assigns, hereby release the School District of the City of Detroit, any sports provider authorized by DPS and their respective officers, directors, agents, employees from any liability, damages, claims or causes of action arising out of my child’s participation in this activity, except as otherwise provided by law.

Indemnification: I also agree to indemnify and hold harmless the School District of the City of Detroit from any claims, causes of action, or other judicial proceedings, costs, expenses, damages and liabilities, including attorneys’ fees, brought as a result of my child’s negligence, willful misconduct, and/or failure to adhere to the Student Code of Conduct.

Consent for Medical Treatment of Minor Children: In my absence, I authorize medical surgical and dental treatment, both emergency and non-emergency, considered necessary and proper for the diagnosis and treatment of the child named in the form. I further authorize the School District of the City of Detroit, any sports provider authorized by DPS and their staff members or volunteer to cause my child to be transported to the nearest medical facility for treatment of any injury/illness. I hereby assume responsibility, financial or otherwise, for any such treatment and agree that I am responsible for the costs of any such treatment. I agree to hold harmless School District of the City of Detroit and any sports provider authorized by DPS and their board members, trustees, advisors, officers, sponsors, employees, and volunteers from any liability as the result, direct or otherwise, of this transportation or medical care or costs related to the medical care.

I also certify that my child is in good health and has no restrictions from competing in organized recreational activities.

***Student Signature**: I agree to obey the school based rules and rules in the Student Code of Conduct.

SIGNATURE OF STUDENT

DATE

***Parent Signature**: I have read this Release and Permission Slip and understand its terms. I acknowledge that I am signing this Release voluntarily and with full knowledge of its significance. I hereby give my permission for my child to participate in this activity and field trip.

SIGNATURE OF PARENT/GUARDIAN OF MINOR

PLEASE PRINT NAME HERE

DATE

****(Both signatures required.)***