



1264 Adams Street
P.O. Box 187
Dansville, Michigan 48819-0187
Telephone: (517) 623-6120
Fax: (517) 623-6719
www.dansville.org

Dansville Athletics Risk & Release Acknowledgement

I, _____ (Student Name), hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Dansville Public School District that by participating in the sport of _____ (Sport), I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport and I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

I hereby release, discharge and/or otherwise indemnify the Dansville Public School District and their employees against any claim by me on my behalf as a result of my participation in the sport of _____ (Sport).

Signed & Dated:

Student Name (printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____