

Signature Page

****This page must be returned to the Activities Director before the student may participate in any extra-curricular activity at Dawson County High School.**

Drug Screening Policy:

I have received and have read and understand a copy of the "Dawson County High School Extracurricular Activities Drug Testing Program" policy. My child _____ will participate in this program and in extra-curricular programs at Dawson County High School and hereby agree to be subject to its terms for the entire high school career (grade 9-12). I accept the method of obtaining urine and/or saliva specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine and/or saliva specimens that may be required from time to time. I further agree and consent to the disclosure of the sampling, testing and results provided for this program to school administration. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Parent/Guardian Statement:

I/we hereby certify and affirm that I/we are the parent(s)/legal guardian(s) of the following student _____. I/We understand and have read the warnings listed in this handbook for the activities in which the above student will participate. I/We are cognizant of its terms and understand that all sports/activities can involve many risks of injury including, but not limited to, those risks indicated within this handbook. I/We hereby assume all risks of playing or practicing to play/participate for the above named student. Furthermore, I/we release and waive, and agree to indemnify, hold harmless or reimburse the school district and the individual members, agents, employees and representatives thereof, as well as sport/activity supervisors and coaches, from and against any claim which the above named student, I/we, and /or other parent(s) or guardian(s), and sibling, or any other person, firm or corporation may have to claim to have know or unknown, directly or indirectly, for any losses, damages or in connection with the participation by the above named student. I/We understand that by signing this warning, agreement to obey instructions, and assumptions of risk, I/we are waiving all the rights that the above named student, I/we, or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

Student Participant Statement:

I understand that Dawson County High School has both a Training Rules Policy and an Academic Eligibility Policy as outlined and discussed in this handbook. Coaches and supervisors may have additional policies and guidelines of which I am expected to abide. I have read the policies and I understand my expectations as a participant.

Signatures:

I/We have read and understand the information contained in this form and will abide by the contents of this document.

Participant

Date

Parent/Guardian

Date