



SSAC Consent and Release from Liability Form (CRF-1)

This form will remain in effect for one full calendar year (365 days), and must be completed and kept on file by the school. This form is non-transferable per school, and must be re-submitted upon changing schools.

Consent, Acknowledgement and Release:

I understand, and am aware, that my child/dependent knows of, and accepts, the risks that come with interscholastic athletic participation, to include the serious injury, and death. Knowing these risks, I choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/dependent's school, the schools against which it competes, the school district, the contest officials and the SSAC of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the SSAC because of any accident or mishap involving the athletic participation of my child/dependent. I authorize emergency medical treatment for my child/dependent should the need arise for such treatment while my child/dependent is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/dependent's individually identifiable health information should treatment for illness or injury become necessary.

I understand that to participate in interscholastic athletics at SSAC member schools, my child/dependent must be eligible according to the **SSAC and FHSAA** eligibility requirements, and am aware that any unmet requirements will result in prevention of my child's/dependent's participation in SSAC interscholastic athletics. I also understand that my child/dependent must adhere to SSAC regulations for interscholastic participation at all SSAC sanctioned events in order to participate. ***I submit that my child/ dependent has not been recruited or enticed to play at their school, nor are they receiving any benefits above and beyond what other students have at our school. My child/ dependent IS NOT getting any scholarship money or financial aid due to athletics. In the event it is discovered that this school has improperly recruited or given benefits to any athlete for any sport- that individual athlete, coach and school may be disqualified from competition in the SSAC, and violations may be reported to the FHSAA also. I also acknowledge that IF my student is a NON-TRADITIONAL /homeschooled student - the school they participate at MUST have PRIOR written permission and approval from the SSAC before my student may participate in practice.***

I have read this form carefully and understand that it contains a release.

By signing this form, I consent to my child's/dependent's participation in SSAC athletics, as well as to the above statements.

If the student is 18 years of age or older, or emancipated from their parent(s)/guardian(s), the student assumes the above stated responsibilities and consents to the above statements by signing.

School: _____

_____	_____	____/____/____
Name of parent/guardian	Signature of parent/guardian	Date
_____	_____	____/____/____
Name of parent/guardian	Signature of parent/guardian	Date
_____	_____	____/____/____
Name of student	Signature of student	Date