



Northern Vance Athletic Department  
293 Warrenton Rd. • Henderson, NC 27537  
252-430-8909 • Fax 252-492-7878



TO: NVHS Student/Athletes and Parents

RE: Acknowledgment of Risk and Permission  
(MUST BE SIGNED AND RETURNED PRIOR TO ANY PARTICIPATION!)

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Student/athletes and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. The obligation of parents and student/athletes in making this choice to participate cannot be overstated.

By choosing to participate, the student/athlete acknowledges that risk exists. By granting permission for the student/athlete to participate, the parent or guardian acknowledges that risk exists.

Our coaches will be taking every precaution to prevent injury, and ensure that the welfare of the student/athlete is not compromised. The student/athlete must adhere to these precautions to help ensure their safety.

As parent or guardian of a student/athlete, I/We hereby acknowledge an awareness that sports participation does involve a risk of injury, I/We accept these risks and give consent for \_\_\_\_\_ to participate in \_\_\_\_\_ during the upcoming \_\_\_\_\_ season. I/We also grant permission for treatment deemed necessary for a condition arising during participation in this sport, including medical or surgical treatment by a medical doctor. I understand that every effort will be made to contact me prior to such treatment.

I/We also understand each student/athlete must have a MEDICAL EXAM performed and signed every 365 days by a licensed physician. I further understand that "excess" insurance has been purchased by Vance County Schools. The policy has limitations and I/We accept responsibility for any expense not covered by the plan. For further information regarding the insurance plan, contact the Athletic Director at school.

\_\_\_\_\_  
Athlete's Full Name (Printed first, then signature) Date

\_\_\_\_\_  
Father or Guardian's Signature Date

\_\_\_\_\_  
Mother or Guardian's Signature Date