



## Summer 2020 Workout/Practice Parent Release

GISD offers student athletes the opportunity to participate in voluntary summer strength and conditioning sessions. All activities will be conducted in accordance with applicable rules and regulations, including guidance from the University Interscholastic League (UIL). No student is required or expected to attend.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Campus: \_\_\_\_\_ 20/21 Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Athletic staff will conduct the sessions. All reasonable health and safety precautions will be observed. No student will knowingly be allowed to engage in any unauthorized activity. Despite such precautions, accidents or injuries sometimes occur. If your student sustains an illness or injury and requires immediate care and treatment, your signature below requests, authorizes, and consents to such care and treatment as may be given to the student by any physician, athletic trainer, nurse, or school representative.

**Authorization and Release. Your signature and initials below confirm your authorization for your student to attend voluntary summer conditioning. In consideration for allowing your student to participate in the voluntary summer conditioning, you, on behalf of you and your minor student and family members hereby release and hold harmless the Garland Independent School District its employees, agents, Trustees, and representatives for any accident, injury, or any other damage, claim, including negligence, or loss your student may sustain as a result of his/her participation.**

**Please initial and sign below. Students will need to bring signed forms with them to the first session.**

\_\_\_\_ I certify that my student is physically fit to participate in strength and conditioning, and I understand that my student must have a pre-participation physical examination, signed by a healthcare provider, on file as a condition of participation.

\_\_\_\_ I am aware of no physical impairments that would interfere with my student's participation in the strength and conditioning. I have described below any health information that may be pertinent to my student's participation. \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_