

**CONSENT INFORMATION TO PARTICIPATE, STUDENT AND PARENT/GUARDIAN  
ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES,  
AND CONSENT AND RELEASE OF LIABILITY**

1. As parent/legal guardian, I, \_\_\_\_\_, (“Parent/ Legal Guardian”) agree to allow my child, \_\_\_\_\_, (“the Student”) to participate in **[school club or activity]**.

**By signing the undersigned agreement, I recognize and agree to the following:**

2. The Student and Parent/ Legal Guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to exposure to COVID-19 or other illness, death, serious neck, head and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the Student. Because of these inherent risks, the Student and Parent/ Legal Guardian recognize the importance of the Student following coaches’ instructions regarding playing techniques, training and other team rules. By signing this form, the Student and Parent/ Legal Guardian acknowledge that the Student’s participation is wholly voluntary and to having read and understood this provision.
3. The Student and Parent/ Legal Guardian, individually and on behalf of the Student, hereby irrevocably and unconditionally release, acquit, and forever discharge **[school name]** and its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney’s fees) that the Student and/or Parent/ Legal Guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the Student’s participation in interscholastic athletics if due to the ordinary negligence of the Releasees.
4. The Student and Parent/ Legal Guardian, individually and on behalf of this Student, consent to **[school name]**, Oldham County Schools, and their representatives to use and disclose the necessary personally identifiable information from the Student’s education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, Oldham County Schools legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the Oldham County Schools bylaws. This includes making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The Student and Parent/ Legal Guardian, individually and on behalf of this Student, further release **[school name]**, Oldham County Schools, and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information and agree to

release to **[school name]**, Oldham County Schools, and their representatives, upon request, the detailed and completed application for financial aid.

5. The Student and Parent/ Legal Guardian, individually and on behalf of this Student, give **[school name]**, Oldham County Schools, and the authorized representatives of Oldham County Schools permission to release this Student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance-based statistics) and other information as may be requested or presented. The Student and Parent/ Legal Guardian, individually and on behalf of this Student, agree that the Student may be photographed or otherwise digitally or electronically captured during school-based competition and such product used during normal Oldham County Schools business, including commercial and internet-based video and still images. All of this material may be used without permission or compensation specifically related to Oldham County Schools and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act.
6. The Student and Parent/ Legal Guardian, individually and on behalf of the Student, hereby acknowledge that they are aware of and will review, if desired, the education materials available through Oldham County Schools, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion, head injury, or other ongoing health concerns, including the continuance of play after concussion or head injury.
7. The Student and Parent/ Legal Guardian, individually and on behalf of the Student, hereby consent to allow the Student to receive medical treatment that may be deemed advisable by **[school name]**, Oldham County Schools, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the Student to a medical facility. The Student and Parent/ Legal Guardian, acknowledge that transportation to a medical facility may involve having to provide the Student's birthday and social security number solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

[AREA LEFT INTENTIONALLY BLANK]

Oldham County Schools  
Parent Permission and Consent  
Effec. August 2025

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Student's Name (please print)

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School

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Student and Parent/Guardian Address including City, State, and Zip

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Please list above any health problems/concerns this Student may have, including allergies  
(medications/others) and any medications presently being used

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Name of Parent(s)/Guardian(s) who has/have custody of this Student

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Emergency Phone  
Number

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Signature of Parent(s)/Guardian(s) who has/have custody of this Student

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Date