



SSAA 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:

In consideration for participating in interscholastic athletics for the SSAA, both student and parent/guardian hereby freely and voluntarily, without duress, execute this Consent, Acknowledgement and Release under the following terms:

I/We understand, and am aware, that my child/dependent knows of, and accepts, the risks that come with interscholastic athletic participation, to include serious injury, and death. Knowing these risks, I/We 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/We release and hold harmless my child's/dependent's school, the school's coaches and administrators, the schools against which it competes and their coaches and administrators, the school district, the contest officials, and the SSAA 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 SSAA because of any accident or mishap involving the athletic participation of my child/dependent. **As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school.** I/We 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/We understand that to participate in interscholastic athletics at SSAA member schools, my child/dependent must be eligible according to the SSAA eligibility requirements, and am aware that any unmet requirements must result in prevention of my child's/dependent's participation in SSAA interscholastic athletics. I/We also understand that my child/dependent must adhere to SSAA regulations for interscholastic participation at all SSAA sanctioned events in order to participate.

I/We 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 SSAA, and violations may be reported to the FHSAA also.

By: _____

By: _____

_____/_____/_____

Name of parent/guardian

Signature of parent/guardian

Date

All athletes participating in SSAA competitions must have some form of health insurance.

MY CHILD IS INSURED FOR ONE OF THE FOLLOWING:

- ☐ My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.
- ☐ My child/ward is covered by his/her school's activities medical base insurance plan.
- ☐ I have purchased supplemental football insurance through my child's/ward's school.

Health Risk Statement of Acknowledgement and Responsibility:

I understand the health risks involved in participating in interscholastic sports in the SSAA that include but not limited to: Concussion, Sudden Cardiac Arrest and Heat Related Illness. Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes. I/We accept responsibility for



reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of concussion, cardiac arrest and heat related illness. I/We will inform the supervising coach, athletic trainer or team physician immediately if I/We experience any symptoms related to these injuries or illnesses or witness a teammate with any symptoms. Furthermore, I/We have been advised of the dangers of participation for myself and that of my child/ward and accept responsibility.

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

By signing this form, I/We consent to my child's/dependent's participation in SSAA athletics, as well as to the above statements. I/we acknowledge that I/we have received the opportunity (and been strongly encouraged) to review this Consent, Acknowledgement and Release with an attorney, that I/we have carefully read and fully understand the contents of this Consent, Acknowledgement and Release and have asked and received answers to all questions I/we may have, and that I/we have duly executed this Consent, Acknowledgement and Release freely and voluntarily, agreeing to it on my behalf and as parent/guardian of the Student.

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: _____

STUDENT: _____

By: _____	By: _____	____/____/____
Name of parent/guardian	Signature of parent/guardian	Date

By: _____	By: _____	____/____/____
Name of parent/guardian	Signature of parent/guardian	Date

By: _____	By: _____	____/____/____
Name of student	Signature of student	Date

By: _____	By: _____	____/____/____
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