



**Williamsburg
Northside
School**

Athletic Participation Consent Form

Name of Student: _____

Grade: _____

Name of Parent/Guardian (print): _____

Athletic Consent

I, the parent/guardian of the student named above, hereby give permission for my child to participate in team activities, as directed by the school/coach. I understand that there is an inherent risk of injury in sports, particularly with contact sports. Such injuries may include, but not be limited to, concussions, such as traumatic brain injury, and injuries to bones, ligaments, neck, spine or internal organs. I also understand the potential risk of contracting COVID-19 through my child's participation in athletic activities. I understand all risks involved and expressly agree to accept all risks existing in the sport or club in which my child will be participating. I will not hold Williamsburg Northside School (WNS), its parent corporation, or any of its employees liable, in both their individual and corporate capacity, for any and all liabilities that may occur while participating on an athletic team, including travel or for injuries sustained as a result of negligence on the part of WNS.

Parent/Guardian Signature

Date