

## **Informed Consent - Liability Waiver**

Please answer the following questions about your child by circling “Yes” or “No”:

- Does your child suffer from diabetes or epilepsy?  
**Yes                      No**
  
- Does your child suffer from an allergy?  
**Yes                      No**
  
- Has your doctor ever said your child has heart trouble?  
**Yes                      No**
  
- Has your child ever had pains in his/her chest?  
**Yes                      No**
  
- Does your child often feel faint or have spells of dizziness?  
**Yes                      No**
  
- Has a doctor said your child’s blood pressure is too high?  
**Yes                      No**
  
- Has a doctor said that your child might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?  
**Yes                      No**
  
- Does your child suffer from asthma, or breathing difficulties?  
**Yes                      No**

**If you answered “Yes” to any of the above questions your child will need to obtain a sport physical and be cleared to play before participating in an IPS Athletics program.**

### **Informed consent - liability waiver**

In consideration of being allowed to participate in the IPS athletic programs and to use the facilities and equipment owned and/or under the control of Indianapolis Public Schools, I do hereby waive, release, and forever discharge Indianapolis Public Schools from any and all responsibility or liability for injuries or damages resulting from my child’s participation in any activities or my use of equipment or facilities in the above-mentioned activities. I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that my child is voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death. I do hereby declare my child to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated. I acknowledge that I have decided to allow my child to participate in IPS athletics and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my child’s participation and activities, and utilization of equipment in my child’s activities.

Print Student Name .....

Print Parent Name .....

Parent Signature ..... Date .....