

EAST ALLEN COUNTY SCHOOLS
TEMPORARY WAIVER OF PHYSICAL EXAM FOR PARTICIPATION IN SPORTS

BACKGROUND

Due to the ongoing COVID-19 situation, the Indiana High School Athletic Association (“IHSAA”) is waiving the need for sports physicals for the 2020-21 school year. In a letter sent to schools statewide on April 22, 2020, Commissioner Bobby Cox stated that the IHSAA, the Committee of Sports Medicine, and the Indiana State Medical Association have agreed to allow member schools, including school members of the East Allen County Schools (“EACS”) to use 2019-20 student-athlete physicals for the upcoming school year. That means the following:

1. Student-athletes with approved physicals from 2019-20 will not need to get a new physical for the 2020-21 school year; and
2. Student-athletes who had a medical issue noted on their 2019-20 physical exam, will need a doctor’s note stating the Student is able to participate in athletics.

Parent/Guardian/Student Consent and Acknowledgement of Risk: (fill out one option)

- a. I, _____ (“**Parent/Guardian**”) declare that I am over the age of 18, and am the legal parent and/or guardian of _____ (“**Student**”).
- b. I, _____ (the “**Student**”) declare that I am over the age of 18, and have the mental and physical ability to consent to my actions.

I understand and acknowledge that participation in high-school sports teams, clubs and/or events is voluntary and by its very nature possesses an actual or potential risk of emotional and physical injury/illness. I understand that yearly physical evaluations are used to ensure the health and fitness of the Student for participation in sporting activities. Pursuant to IHSAA’s directive, instead of Student obtaining a new physical exam, I can choose to use Student’s physical exam results from the 2019-20 school year and/or obtain a doctor’s note certifying the Student’s ability to participate in order to satisfy the physical exam requirement of the school. I acknowledge that not performing a physical examination for the 2020-21 school year might lead to Student participating in activities he/she is not physically suitable for, which might lead to injury and/or illness.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I hereby release, discharge, indemnify, and agree to hold harmless EACS, member schools of EACS, and their past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter “EACS releasees”, from any and all liability arising out of or in connection with Student’s participation in inter-scholastic athletics, sports teams, clubs and/or events. For purpose of this release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student or Student’s parents, guardians, heirs, executors, administrators, and assigns have or may have against the EACS releasees because of Student’s personal, physical, or emotional injury, accident, illness or death that occurs to Student during Student’s participation in inter-scholastic athletics, sports teams, clubs and/or events due

to, or arising out of, any physical or mental condition not disclosed on the physical exam and or doctor's notice provided to EACS.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily.

I have signed this CONSENT AND RELEASE this ____ day of _____, 2020.

This consent and release has been read and is understood by me.

Parent's/Guardian's signature

Date

Student's signature

Date