

EXHIBIT J-k

UNIVERSAL ATHLETIC RELEASE

Athlete's Name ***** Date of Birth

My/Our child wishes to participate in the sport of _____
in the _____ School sports program during the 20__ - 20__ season.

I/We realize that there are risks involved in this participation. I/We recognize the possibility that my/our child may die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in this sport, the safety rules and procedures of the sport, the coaching instruction received nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries that they might sustain. I/We agree to accept these risks as a condition of my/our son and/or daughter's participation in this program.

Parent _____ Date _____

Parent _____ Date _____

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.

TO BE FILLED IN ONLY IF YOUR SON OR DAUGHTER HAS ANY TYPE OF
MEDICAL CONDITION

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I/We realize that my/our son and daughter's _____
(medical condition)
creates an additional risk and I/We discussed these risks with the athletic director,
coach(es) and the sports medicine providers in a meeting on _____(date). They
explained to me/us that because of this condition the special risks for my/our daughter
and/or son are (list all concerns at the bottom of this page).

I/We understand these concerns and agree to follow all directions and
recommendations of my/our physician and sports medicine providers in this program.
I/We also agree to accept these additional risks as a part of my/our son or daughter's
participation in the program.

Concerns: _____

Parent

Date

Parent

Date

**NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD
MUST BE PROVIDED.**