

To be completed by parent or guardian

**ACKNOWLEDGEMENT OF RESPONSIBILITY  
AND INFORMED CONSENT**

I, \_\_\_\_\_, would like my minor child to participate in  
(name of parent or guardian)  
\_\_\_\_\_ at Michigan State University ("MSU"),  
(program or activity)  
in East Lansing. I understand that this activity entails a risk of injury, and that when young people are  
engaging in sports performance training or testing, accidents can happen even when there is  
supervision. I know that my child and I bear some responsibility for minimizing the risk of injury. I  
will talk with him or her about the importance of safe behavior.

1. *HEALTH NEEDS.* My child has no health related condition or disability that limits his or her ability to participate in the program or activity, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. *EMERGENCY.* In case of medical emergency occurring while my child is participating in a program or activity, I authorize MSU, in advance, to secure whatever treatment it deems necessary. MSU may take such actions as it considers to be warranted under the circumstances for my child's health and safety. I agree to bear the expense for any emergency medical treatment and release MSU from liability for the same.
3. *RULES AND REGULATIONS.* I have directed my child to listen and be mindful of all safety instructions provided him or her, and to abide by all programs rules.
4. *BEHAVIOR.* MSU reserves the right to remove or restrict a child who does not listen to instructions, engages in bullying, hostile behavior, or other actions that interfere with the conduct of the program.

I HAVE READ THIS ACKNOWLEDGEMENT. I UNDERSTAND AND ACCEPT IT.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Child's name and date of birth)

Emergency contact: \_\_\_\_\_  
(name & phone)

\_\_\_\_\_  
( Parent/Guardian signature)

\_\_\_\_\_