Concussion Liability Release

Acknowledgement of concussion management and return-to-play policies

By signing below, I acknowledge that I have read and understand the concussion management and return-to-play policies of West Coast Impact Athletic League. I understand the risks associated with participation in sports, including the risk of concussion and other serious injuries. I agree to hold West Coast Impact Athletic League, its directors, officers, coaches, and staff harmless from any and all liability for injuries or damages sustained by the participant in connection with participation in West Coast Impact Athletic League activities, except for injuries caused by gross negligence or willful misconduct.

_____ _____

Parent/Guardian signature Date

_____ _____

Student-athlete signature Date

_____

Student-athlete name (printed)