

ACKNOWLEDGEMENT OF ATHLETIC HANDBOOK & MEDIA RELEASE

I acknowledge receipt of a copy of the Athletic Handbook for Student Athletes and have read the rules concerning eligibility and conduct for Hoover student athletes. I understand the rules and realize that I am subject to disciplinary measures should I violate them. I do agree to participate and conduct myself in accordance with the rules of our athletic program and with any other specific rules of my coaches.

We, the undersigned, agree that we have been given the following information and understand it fully.

- I. The school agrees to provide:
 - A. Supervision
 - B. Instruction
 - C. Proper equipment (This excludes equipment or uniforms provided by the participant)
 - D. Proper safety precautions.

- II. The student athlete agrees to abide by all written rules regarding behavior and safety.

- III. The student athlete and parent/guardian acknowledge that participating in athletics may cause serious injury or death.

- IV. Policy Consent/Release Form
I have read the above statement of policy and agree to abide by the policies set by Hoover City Schools. I agree to drug testing in accordance with Hoover City Schools. I authorize any laboratory or medical provider to release test results to the Hoover City Schools Board and its Medical Review Officer. I authorize the Medical Review Officer to release final test results to my parent/guardian and the HCS Board.

I also expressly authorize the HCS Board or its MRO to release any test-related information, including positive results:

- (a) As directed by my specific, written consent authorizing release of the information to an identified person.

- (b) To my decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf. I understand that this agreement in no way limits my right to terminate or to be terminated from student activity participation. I understand that unless my parent or guardian contacts the Drug Testing Coordinator after the first year, and makes a formal request to remove my name and social security number from the testing pool, my name will automatically be re-entered into the testing pool each year.

Signature of Student Athlete	Date	PRINTED Name of Student
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Signature of Parent/Guardian **	Date	PRINTED Name of Parent
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**** By signing this Acknowledgement of Athletic Handbook** I also give Hoover City Schools permission to use my student athlete's name/photo/video/audio tape in publication and/or on the website or web broadcasts for publicity/promotion purposes. I waive any right to inspect and/or approve the finished product, release Hoover City Schools from any liability by virtue of distortion by processing, and agree that they can be used w/out reservation or fee. **If you DO NOT wish for your student's photo to be used, please sign and date below this clause.**