



# North East ISD Athletic Department

## VIRGIL T. BLOSSOM ATHLETIC CENTER

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**Executive Director**  
Karen Funk

**Director/Athletics**  
Terry Peel

**Director/Athletics**  
Timothy Woods

**Director/Athletics**  
Stacey Moore

**Director/Athletics**  
Kelly Parker

**Aquatics Coordinator**  
David Johnson

**Director PE/Health/Athletics**  
Rachel Naylor

**Tennis Coordinator**  
Patrick Johnson

### WAIVER OF LIABILITY FORM STRENGTH AND CONDITIONING PROGRAM

In consideration of my child's voluntary participation in the North East Independent School District Athletic Department's Summer Strength and Conditioning Program, which includes use of its facilities and/or equipment, and in addition to the payment of any fee associated with this participation, I do hereby agree to waive, release and forever discharge the North East Independent School District, its trustees, employees, agents, and representatives from any and all responsibility or liability, under state and/or federal law, for any injuries and/or other damages resulting from my child's participation in the Summer Strength and Conditioning Program. This participation includes any organized or individual activity that is part of the Summer Strength and Conditioning Program, including but not limited to preparation sessions, workouts, and meetings. I hereby acknowledge and understand that this waiver of liability extends to claims by me, my child, and/or any other parent or legal guardian of my child.

It is required as a condition of my child's voluntary participation in the Summer Strength and Conditioning Program that he or she receive a physical from a fully-licensed physician (licensed in the state of Texas to practice medicine) prior to participating in any activity that is part of the program. Proof of such physical, and of the child's medical fitness to participate in the program, must be provided to the North East Independent School District Athletic Department prior to participation in the program. I understand that the District is entitled to rely on such proof from a physician that the child is medically fit to participate in all aspects of the program, and that the District is not responsible for any medical advice or treatment given by any physician.

My signature below certifies that I understand and accept the conditions and waiver as explained above.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
STUDENT ATHLETE'S NAME

\_\_\_\_\_  
SCHOOL

*Revised 2/23/2016*