

Woodward-Granger (WG) MS/HS
ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

(Please Print)

Student's Name _____ Parent's Name _____

Address _____

Phone Number: _____

Current School Year: August 20__ to July 20__

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right in the WG School District.

I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless WG School District and/or its employees, teachers, coaches, administrators, Board of Directors, et al., from any and all liability including but not limited to liability for injuries or damages sustained by the individual.

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports/activities and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, the practice for, or transportation for, all athletic/activity events as a student in the WG School District during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in the athletic/activity events during the current school year. I/We will inform the school in writing if my/our insurance is changed or terminated.

Name of Insurance Company _____ Policy Holder _____

I have completed all of the information requested above and hereby certify that I have read and agree to all statements listed above.

(Signature of Parent)

(Date)

(Signature of Student)

(Date)