## **EDUPRIZE SCHOOLS**

Grade\_\_\_\_\_



Student\_\_\_

## **ATHLETIC WAIVER OF LIABILITY**

Print, complete, and return this form to the coach or Athletic Director.

Parents' or Guardians' Permission	& Waiver of Liabil	itv & Authorization f	or Emeraency Care	
I hereby give my consent for the above extra-curricular activities for this schoo to my child should it become lost. I und items or school uniforms lost or stolen.	named student t I year. I also agre	to participate in intel to reimburse EDUP	rscholastic teams or RIZE for equipment issued	
I have read and understan	nd EDUPRIZE's Ath Athletics Mitigation	•	pectations &	
I authorize the Athletic Director, School activity to select and secure medical a injuries or other events requiring emerg	ttention as may b	be necessary for my	child as a result of	
I hereby release and hold harmless EDU selection or authorization for any and c		•	•	
Parent/Guardian Printed Name		Work Phone_		
Parent/Guardian Signature		Cell Phone		
Address	City		State	
Home Phone	Athle	te's birth date		
Note: A curre	nt physical exam	n must be on file.		
Family Doctor	Prefe	Preferred Hospital		
Family Medical Insurance	Grou	p or ID#		

See page 2 for signatures  $\rightarrow$ 

## **EDUPRIZE SCHOOLS**



## **Parent Understanding**

I understand participating in interscholastic athletics can be an extremely valuable experience for young people. The Athletic Department makes every attempt to employ the finest coaches, supply our athletes with the best equipment and facilities, and provide athletes with opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death, and I agree to hold harmless EDUPRIZE and its affiliates. This communication is being written so you and your athlete can understand that there are potential dangers involved in participation in athletics. All information given above is accurate. I have read and understand the school concussion policy. I understand that my child may practice or participate off-site at times and agree to hold the school harmless from any condition or event that does not occur under their control.

Parent Signature	
Verification of Amateur Status  This application to participate in athletics at EDUPRIZE is voluntary on my part and is made understanding that I have never received money or merchandise in any amount or an emaward worth more than twenty-five dollars (\$25) for participating in athletic events, and to never competed under an assumed name.	nblematic
Student Signature	
Student Accident Insurance  As sports and extracurricular activities do present the risk of injury, please carefully considered whether your student has adequate coverage. If you would like to explore coverage option recommended vendor is K&K Insurance Group, who specialize in Student Accident Insurance, at <a href="http://www.studentinsurance-kk.com">http://www.studentinsurance-kk.com</a> .	ns, our
If you <u>do not</u> want to purchase accident insurance, please complete the section below:  By signing below, I choose to decline accident insurance coverage for the EDUPRIZE Spoduring the 2025-2026 school year.	rts Program
Parent Signature Date	