

ATHLETIC INSURANCE RELEASE FORM

I (we) hereby certify that _____ has our permission to
(name of student)
participate in school-sponsored interscholastic athletic practice, games and related travel
and activities and that he/she is adequately covered by an accident and health and/or
hospitalization insurance policy which is in effect during his participation and such
activities. This coverage is by virtue of: (Check one of the following)

_____ Scholastic (Football/Basketball) Accident Insurance (offered through the
school).

_____ My (our) personal insurance policy.

I (we) also acknowledge and certify that this certificate hereby releases and absolves
_____, its agents, and employees from all liability for
(Name of School)
injuries and related expenses incurred by the student as a result of participating in school-
sponsored interscholastic athletics practice and games with out being adequately covered
the insurance protection certified to above.

Parent/Guardian _____ (Father)

_____ (Mother)

(Date)

NOTE: If possible, both parents should sign.