

Return this form to your Coach, the Athletic Director, or the School Office. A new release form need to be signed for each sport participating in.

Sylvania Schools

Assumption of Risk Agreement and Insurance Release Form

Please read carefully before signing.

In partial consideration for _____ being accepted for tryouts for and/or participation as a student athlete on the Arbor Hills _____ team, I/we, the parent(s)/guardian(s) of this named student, or the named student if he/she is at least eighteen (18) years of age, acknowledge and agree that he/she participates in this program at his/her own risk. I/We understand that injuries do occur while participating in athletics.

I/We further assume full responsibility for any injuries or damages which may occur to the named student, and hereby fully and forever release and discharge and covenant to hold harmless, indemnify and repay any sums paid by the Board of Education of the Sylvania Schools and/or its members, officers, employees, agents, and its or their heirs, successors, executors, and assigns from or for any and all claims, demands, damages, rights of actions or causes of action present or future, whether the same are known or unknown, anticipated or unanticipated, resulting or arising from or incident to the student's participation in the named activity.

I/We further state that the named student is insured under Policy # _____ through _____ insurance company or health maintenance organization (HMO) for any medical claims arising from or incident to the named student's participation.

I/We further state that I/We have read and understand and sign the foregoing Insurance Release Form this _____ day of _____, 201____.

Parent/Guardian Signature

Parent/Guardian Signature

Student Signature