

EVANGELICAL SCHOOL

STUDENT ATHLETIC PARTICIPATION WAIVER

Student's Last Name	First Name	Grade
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I, _____, the parent or legal guardian of
Name of parent or Guardian

_____, a student at Evangelical School, hereby grant
Name of Student

permission for _____ to participate in
Name of Student

_____.
Name of Sport(s)

I presently have and will maintain, during the period of participation insurance coverage which is adequate for medical expenses that might be incurred as a result of the participation of the above named student in a sport activity.

Further, I am willing to assume responsibility for any and all medical expenses that might result from the participation of the above named student in the aforementioned athletic sport activities. I also grant permission for the coach in charge of the sport in which the student is participating to arrange for medical treatment, including transportation to and admission and treatment in a hospital when necessary in those instances where the coach believes that immediate treatment is necessary to maintain the health and physical well-being of the student. I agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services and other related costs.

Signature of parent or Legal Guardian

Date