

**Please use ink and fill out top and bottom of form.**  
**This form should be returned to the coach or the athletic director to be kept on file in the athletic office.**

**RELEASE AND AUTHORIZATION**  
FOR STUDENT PARTICIPATION  
IN THE WAYNE TRACE LOCAL SCHOOL DISTRICT'S  
ATHLETIC PROGRAM

SPORTS: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

Our son/daughter, \_\_\_\_\_ has our permission to participate in the athletic program. We hereby agree to release, discharge and/or otherwise indemnify the Wayne Trace Local School District and its employees or agents against any claim by or on behalf of the student arising as a result of our son's/daughter's participation in the athletic program. In the event of an injury, we acknowledge that we will be solely responsible for any medical expenses.

We also give permission for the school person in charge to determine whether our son/daughter should be taken for emergency medical treatment. We have instructed our son/daughter to report all injuries to the person in charge immediately.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I DO NOT PLAN TO PARTICIPATE IN ATHLETICS AT WAYNE TRACE.

**WAIVER**

WAYNE TRACE ATHLETIC INSURANCE

As parents (or guardian) of \_\_\_\_\_ we hereby state that we have insurance with \_\_\_\_\_ and request that this above mentioned insurance cover our youngster(s) for school activities.

\_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
(date)