



ATHLETIC WAIVER OF LIABILITY

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

Student _____ Grade _____

Parents' or Guardians' Permission & Waiver of Liability & Authorization for Emergency Care

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse EDUPRIZE for equipment issued to my child should it become lost. I understand EDUPRIZE cannot accept responsibility for personal items or school uniforms lost or stolen.

I have read and understand EDUPRIZE's Athletic Department Expectations & Athletics Mitigation Plan

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any EDUPRIZE activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release and hold harmless EDUPRIZE and its affiliates from any and all liability due to such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Printed Name _____ Work Phone _____

Parent/Guardian Signature _____ Cell Phone _____

Address _____ City _____ State _____

Home Phone _____ Athlete's birth date _____

Note: A current physical exam must be on file.

Family Doctor _____ Preferred Hospital _____

Family Medical Insurance _____ Group or ID# _____

See page 2 for signatures →



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 with the understanding that I have never received money or merchandise in any amount or an emblematic award worth more than twenty-five dollars (\$25) for participating in athletic events, and that I have never competed under an assumed name.

Student Signature _____

Student Accident Insurance

As sports and extracurricular activities do present the risk of injury, please carefully consider whether your student has adequate coverage. If you would like to explore coverage options, our recommended vendor is K&K Insurance Group, who specialize in Student Accident Insurance. Enroll online, at <http://www.studentinsurance-kk.com>.

If you do not want to purchase accident insurance, please complete the section below:

By signing below, I choose to decline accident insurance coverage for the EDUPRIZE Sports Program during the 2025-2026 school year.

Parent Signature

Date