

Revised 4/25/12

**TUPELO HIGH SCHOOL
TUPELO MIDDLE SCHOOL
ATHLETIC TRYOUT WAIVER**

I, the undersigned parent/guardian of _____,
(student)

hereby authorize him/her to try out for an athletic team at Tupelo High School or Tupelo Middle School. I understand that trying out for an athletic team requires that a child be physically fit and able to withstand the physical demands of athletic exercise. I understand that it is recommended that a child have a physical examination prior to involvement in any sporting activities, including tryouts, and that Tupelo High School and Tupelo Middle School urge all participants to be seen and approved by a licensed physician or nurse practitioner (under a physician's direction) prior to participating in athletic tryouts.

I hereby hold harmless and release the Tupelo Public School District, its coaches, staff, trustees, agents, administrators, agents, and employees from any injury, loss or liability which may be suffered by my child arising out of his/her participation in trying out for an athletic team. I hereby waive any cause of action I or my child may have arising out of his/her participation in the athletic tryout. I agree to indemnify and defend the Tupelo Public School District, its coaches, staff, trustees, agents, administrators, agents and employees in the event of any litigation against it/them.

I declare that I have read this WAIVER completely and fully understand its contents and voluntarily agree to its terms.

Name of Student

Signature of Parent/Guardian

Emergency Contact Name

Printed name of Parent/Guardian

Emergency Contact Phone #

Date