

the above named student, I/we, and/or other parent(s) or guardian(s) and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or in connection with the participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumptions of risk, I/we are waiving all rights that the above named student, I/we or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

EQUIPMENT RESPONSIBILITY: I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student.

TRAINING RULES:

I understand that the Lambert School has a Training Rules Policy that prohibits certain actions by me from the first day of practice to and including the last day of the season. I have read the policy (in the Student Handbook) and understand my expectations as a participant. Participation is a privilege, not a right!

EMERGENCY MEDICAL INFORMATION:

I authorize emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my student. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the district staff in charge to obtain emergency care for my students, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

The School District(s) does not provide medical insurance benefits for students who participate in activities programs. Parents or guardians may request information from the school district regarding medical insurance for students. If parents or guardians have their own insurance coverage during the student's participation, that coverage information is provided below. Or parents may notify the School District that they do not have medical insurance.

___ I have personal medical insurance to cover the student's participation:

INSURANCE (Company Name) _____ Policy # _____

___ I don't not have personal medical insurance to cover the student's participation and understand that the School District does not provide medical insurance to cover the students. I understand I will be responsible for any medical costs associated with the student's participation:

NAME OF FAMILY PHYSICIAN: _____ PHONE: _____

Please list any medications, allergies, medical problems, and/or medical concerns of the which the coach/advisor should be aware:

OUT OF TOWN TRAVEL:

I/We understand that the student is a member of a school group and he/she must be encouraged to travel to and from that activity on transportation provided by the school...which may be required. The exception to this rule may be a student traveling home with a parent/guardian in which case the parent/guardian must *personally* contact the coach/advisor of the activity and sign a parental/guardian release which indicates you assume the liability of your student(s). I/We understand that should a student violate any of the school travel rules (in the Student Handbook), the parent/guardian and the superintendent and/or AD, will be notified and the student will either be held for the parent(s)/guardian(s) arrival or be sent home at the parent(s)/guardian(s) expense by the most reasonable means of transportation; or turned over to local authorities if criminal in nature.

I/WE HAVE READ, UNDERSTAND, AGREE AND WILL ABIDE BY THE CONTENTS OF THIS DOCUMENT:

SIGNED: _____ DATE: _____
(Parent/Guardian)

SIGNED: _____ DATE: _____
(Parent/Guardian)

SIGNED: _____ DATE: _____
(Student Participant)