

Big Horn County School District #3 Athletic Release & Waiver Form



Personal Information:

Name Age Grade
Address Cell Phone
City State Zip Code email _____

Insurance Information:

Must provide insurance information or check self pay; district does not provide accident insurance for participants

Insurance Company Self Pay (No insurance; Parents responsible for all medical bills)
Policy # In case of emergency, please notify
Group # Phone Number

Release and Liability Waiver:

In recognition of, and with knowledge of, the fact that engaging in the sports / activities of (check all that apply) Football Basketball Wrestling Track & Field Swimming Volleyball Cheer

Homecoming Events / Parade Other _____ Other _____

could involve substantial risk of personal injury, I, the undersigned, warrant that I am in good physical condition and hereby agree to assume the risk of any injury I may suffer as a result of my participation in activities / athletics for Big Horn County School District #3 (BGH3). Therefore, in consideration for being permitted to participate in such activities / athletics, I hereby forever waive and release any and all claims of any kind whatsoever, INCLUDING BUT NOT LIMITED TO CLAIMS OF NEGLIGENCE, against Big Horn County School District Number Three (the School District), its officers, employees, agents, board members and representatives, arising out of my child's participation in the above activity. THIS WAIVER AND RELEASE INCLUDES, BUT IS NOT LIMITED TO CLAIMS OF NEGLIGENCE AGAINST THE SCHOOL DISTRICT. By signing below, I hereby waive and release any and all claims arising out of any kind of harm which may occur to my child during the above described activity, including but not limited to claims involving personal injury or death. I understand that participation in this event is strictly voluntary, and I freely choose to allow my child to participate. I understand that Big Horn County School District does not provide medical coverage for my child. I verify that I will be responsible for any medical costs that I incur as a result of my child's participation. I am aware of the risks of participation, including but not limited to severe injury and/or death.

I, the undersigned, affirmatively swear that I am, at the time of signing, of legal age and fully competent to and do hereby execute this Release and Waiver on behalf of myself, my heirs, or assigns. I have voluntarily and without inducement from any party, executed this Release and Waiver.

Student's Name (Printed) _____ Signature _____

Parent's Name (Printed) _____ Signature _____

Date

* Parent/guardian **MUST** sign this form. Completed form is a requirement to participate in athletics. *