

Activity/Athletic Participation Insurance Waiver/Medical Consent Form

Consent is hereby given for _____ (Name of student) to participate for Harney County School District #3 in school/OSAA-approved activities and to go with the advisor/coach on any scheduled trips. The advisor/coach or other adult escort may seek the nearest medical treatment in case of injury to the above named student. I also release the school district from any liability of any kind associated with the actions taken in good faith by school district personnel in providing emergency medical treatment.

In extraordinary cases, where participation in an extracurricular activity might result in an increased chance of injury or illness to the participant, Harney County School District No. 3 may require a doctor's release prior to participation or resumption of participation if, during the course of a season, an injury or illness or physical disorder interrupts participation. On this release, it would state any restrictions/conditions that would apply to the participant while engaged in practice and/or competition.

This form will be used for all extracurricular participants from grades 6 through 12 for Harney County School District No. 3. It is the coach's, of each sport, responsibility to collect these signed forms and turn them into the school office to be kept on file. They will be made available for inspection when requested.

I have personal insurance coverage for accidents which will cover any accident incurred by the above named student while participating in any activity/athletic program at Burns High School. I release the school and its insurance agent from all responsibility should my insurance fail to cover injury during the school year 20____ - ____.

Name of Student: _____ Date of Birth: _____

Address: _____ Phone: _____

Email: _____ Grade: _____

Name of Parent(s): _____

Emergency Contact Person: _____

Past Injuries (2years): _____

Allergies and Health Concerns: _____

Insurance Waiver

I have personal insurance coverage for accidents which will cover any accident incurred by the above named student while participating in any activity/athletic program for Harney County School District #3. I release the school and its insurance agent from all responsibility should my insurance fail to cover injury during the school year 20____ - ____.

Name of Insurance Company: _____

Policy Number: _____ Family Doctor: _____

Signature of Participating Student

Date Signed

Signature of Parent/Guardian
tudent

Date Signed