

# Permission/Waiver Form

\_\_\_\_\_

(Print athlete's last name, first name above)

Dear Parent or Guardian:

Your child has indicated an interest in participating in the Trinity Lutheran School Athletic Program in the following sport(s):

(List each specific sport)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Before your student may participate, she/he must meet eligibility guidelines and be given permission by you. Please read and sign the following permission and waiver form. (A separate Inhaler Use/Medications/Health Concerns/Medical Release form must also be submitted.)

I/We the undersigned:

1. Request that my daughter/son be allowed to participate in the Trinity Lutheran School Athletic Program in the sport(s) listed above.
2. Agree to submit a signed doctor's permission form, permitting participation in athletics at Trinity Lutheran School.
3. Agree that if serious injury or illness occurs, my child must provide a signed authorization form from a treating healthcare provider that supports the physical fitness and ability of the child before my child may be allowed to participate further in the Trinity Lutheran School Athletic Program.
4. Have adequate insurance or, in the event that my child is injured, I will be responsible for all expenses incurred.
5. Request participation by the student in the Trinity Lutheran School Athletic Program, including transportation to and from these activities, and assume the risks of injury arising from such participation. I recognize that Trinity Lutheran School does not carry health or accident insurance or other insurance for medical and hospitalization expenses arising from such injuries.

I hereby agree to indemnify and hold Trinity Lutheran School harmless for any claim of liability for injuries to the student arising from participation in the Trinity Lutheran School Athletic Program. This includes organizers, sponsors, supervisors, participants, and persons transporting the above student.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date