

ELK RAPIDS SCHOOLS

Extracurricular Participation Insurance Waiver

I am the parent/guardian of _____ participant(s) in one or more extracurricular athletic programs at Elk Rapids Schools. I understand that participation in extracurricular athletic practices and competitions pose an inherent risk of medical injury. I further understand that Elk Rapids Schools does not provide medical insurance for injuries arising out of direct competition or practices. As a parent/guardian of the aforementioned student athlete(s), I assume all responsibility for any and all medical treatment for injuries sustained during his/her/their participation in extracurricular athletics at Elk Rapids Schools. I acknowledge that I may individually procure medical insurance from First Agency, and/or another insurance carrier to cover such medical injuries and that the named insurance carrier is provided for information only and is in no way an endorsement of such insurance carrier Elk Rapids Schools.

(Signature)

(Printed)

Dated: _____