## FORM OF RELEASE



## Student-Athlete Release and Liability Waiver

I/We, on behalf of	(Student Athlete), do hereby
	edical Center, its employees, officers, directors and
2	), from any and all liability for all losses, damages or
	n of athletic training services to Student Athlete
	ergency medical treatment) by an Athletic Trainer
	') and retained by RSU 34 to cover student athletic
_	unction with Old Town High School and Leonard
Middle School athletic events.	
I/We hereby authorize and consent to the provision of routine first aid and emergency medical treatment to Student Athlete by the Athletic Trainer should the Athletic Trainer determine injurie require such treatment. In the event that Athletic Trainer deems it medically necessary to transport by emergency medical transport to a healthcare facility for further evaluation and treatment, I/we agree to pay all fees and costs associated with those services.  I/We have read the above agreement, and voluntarily sign this release and liability waiver, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.	
Signature of Student Athlete:	
Print Name:	Athlete Date of Birth:
Signature:	Year of Graduation:
Date:	
Signature of Parent/Guardian (if Student	Athlete under the age of 18)
Print Name:	
Signature:	

Parent email: