

## MEDICAL RELEASE FORM

I hereby give my consent for the above named student to: (1) represent his/her school in organized athletic activities, except those determined to be inappropriate on the basis of a physical examination, realizing that such activity involves the potential for injury which can occur in all sports. I/We understand that even with the best coaching, the right protective equipment and abiding by the rules of the sport, injuries are still a possibility, (2) Go with any school team of which he/she is a member on any local or out of town trips. I give permission for the school to obtain, through a physician of its own choice, any emergency medical care that may be needed for the student because of the athletic event or travel. I/We agree not to hold the school or anyone acting in its behalf responsible for an injury occurring to the student named below in the course of the activity or travel.

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Signature of Parent or Guardian

Date

Student Name

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Address

City

Zip

### ATHLETIC INSURANCE COVERAGE

To Athletes and Parents:

The Elmwood-Murdock Public Schools will be offering athletic insurance coverage. The purpose is to assist in the cost of treatment of accidental injury. The insurance company plan will be made available to those who wish to participate. The cost of athletic insurance will be borne totally by the parent.

Whether you wish to participate or not, please complete this form. No athlete may participate as a member of any team until this form has been completed.

#### CHECK THE STATEMENT/S WHICH APPLY:

I shall participate in the Athletic Benefit Injury Plan

I shall not participate in the Athletic Benefit Injury Plan and will assume all expenses for accidental injury. My son or daughter is covered by another policy.

I choose not to enroll my son or daughter in an insurance program.

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Parent/Guardian Signature

Date