

## Athletic Participation & Insurance Waiver Form

Students name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Rising Grade: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that there are inherent risks associated with sports and activities. That said, my child may be injured as a result of an accident arising out of participation in such activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless SGYAA and/or its volunteers from any and all liability including, but not limited to, liability for injuries or damages sustained by the individual.

### Media Release

I, \_\_\_\_\_, allow SGYAA to legally post photos and videos on websites, social media, promotional materials, or other media channels without breaching privacy laws or facing claims for unauthorized use.

### Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice of, all athletic events associated with SGYAA during the current season. I also certify that said insurance will be kept in force during the full time that my child engages in practice or athletic events during the current season.

Name of insurance company: \_\_\_\_\_

Group Number: \_\_\_\_\_

I have completed all the information requested above and hereby certify that I have read and agree to all of the statements above.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_