

CORRY AREA SCHOOL DISTRICT



OFF-SEASON WAIVER RELEASE

This form must be on file with your respective coach prior to starting off-season activities.

ATHLETIC PROGRAM/ACTIVITY

RELEASE: I/we, the parents/legal guardians of _____, hereby give our child (“Student”) approval to participate in any and all off-season activities related to the athletic program/activity listed above outside of the PIAA-defined season. All athletic activities outside the PIAA-defined season (Fall, Winter, Spring) (“off-season activities”) are voluntary. Student-athletes are not required nor is it mandatory for student-athletes to participate in those off-season activities. The Corry Area School District does not provide transportation to/from off-season activities. Parents/legal guardians are responsible for providing transportation to/from off-season activities. Coaches have been advised not to transport student-athletes in their personal vehicles except in exigent, emergency situations.

By signing this form, I/we voluntarily agree to the following waiver and release of liability. I/we agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the Student, against the Corry Area School District, its Board of Directors, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury, death or property damage, of any nature whatsoever which may be incurred by the Student or the undersigned relating to or as a result of the Student’s participation in the off-season activities, specifically including transportation to/from those off-season activities.

THE CORRY AREA SCHOOL DISTRICT IS REQUIRING PROOF OF FAMILY MEDICAL INSURANCE OR THE PURCHASE OF SCHOOL MEDICAL INSURANCE. PLEASE CHECK ONE OF THE FOLLOWING:

_____ We do have a family medical insurance policy
Name of Policy: _____ Policy #: _____

_____ We do not have a family medical insurance policy

_____ We have purchased the school medical insurance

_____ We have a Medical Access Card

(STUDENT)

(PARENT/GUARDIAN)

Date: _____

(PARENT/GUARDIAN)

EFFECTIVE IMMEDIATELY- PLEASE USE THIS FORM ONLY– DESTROY ALL OTHERS

An Equal Rights and Opportunities Agency