

**B.H.S. Clinics / Camps / OUT-OF-SEASON**  
**ATHLETIC WAIVER**

I, as the parent/legal guardian of \_\_\_\_\_, a participant in the sport of \_\_\_\_\_, intending to be legally bound, release the Bangor Area School District, its Board, administrators, employees, representatives, and agents from any liability whatsoever, resulting from injury obtained by my son/daughter while participating in the out-of-season training program conducted by Coach Ott, staff, and team. I understand that, although the program (ie. clinic, camp, summer league, passing scrimmage or any other acceptable training activity, as permitted by P.I.A.A rules) is being conducted by a member of the school district's coaching staff for the benefit of the school district's student-athletes, it is a/an clinic / camp / off-season activity, which is not sponsored by the school district. I understand that by virtue of this fact, injuries sustained during such an activity are not covered by the school district's athletic injury insurance, and are not the responsibility of the school district, but rather of the parent/legal guardian.

To HOSPITAL AUTHORITY I hereby give my authorization for any emergency professional medical/surgical treatment required by my child should he/she become injured and need treatment while participating in the abovementioned out-of-season training program.

Insurance Company \_\_\_\_\_ Plan Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/legal guardian)