

**Release Form**

School year \_\_\_\_\_

Grade \_\_\_\_\_

Student Name \_\_\_\_\_

The above name student has my permission as parent/guardian to be transported by the school district for activities, athletics, or field trips. This may be done by either school district transportation or by private parent transportation that has been approved by the administration.

Exceptions are hereby noted: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

This release form will certify that my student is covered by private health/medical insurance while involved in athletics or activities at Monroe Middle School and High School. I understand that the local Board of Education or Oregon School Activities Association DOES NOT carry sports or activities insurance and WILL NOT assume responsibility for injuries sustained during athletic practice, interscholastic contests or activities, club meetings and club activities.

I give consent for emergency treatment to be administered to my child. The name of the Insurance Company providing our medical coverage is \_\_\_\_\_. The medical accident policy number is \_\_\_\_\_. I/we agree to keep this policy in full force and in effect for the academic year.

By signing this release form below, I/we are acknowledging and agreeing to the following:

1. I have read and understand the contents of the Co-Curricular/Other Curricular Interscholastic Activities & Athletics Regulations, and do agree to follow the rules and regulations listed in it.
2. I give consent for transportation of my child as stipulated above. Exceptions noted  
 Yes  No
3. I understand that the District, and OSAA does not provide insurance, and that I must.
4. I give my consent to emergency treatment.
5. I give my consent for my child to participate in extra curricular activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_