

Muscogee County School District

Athletic Permission Form

I hereby give my permission for my son/daughter/ward, _____, to participate in the interscholastic athletic program in the Muscogee County School District.

It is understood by me that neither the Muscogee County School District nor the school carries liability or medical pay insurance which covers participation in the athletic program, nor may school funds be used to pay for medical treatment for personal injuries sustained while practicing for or otherwise participating in such athletic program or events or while on trips in connection therewith. I also understand that MCSD provides the opportunity for me to purchase for my child a medical insurance policy. I have the option to deny or purchase this insurance.

I do hereby release and agree to indemnity and hold harmless the Muscogee County School District and the above named school, its agents, servants, and employees from and for all claims and loss on account of injuries, medical expenses and damages of whatever kind which may be sustained by me or said student on account of any injury resulting from participation in such activities.

I certify further that I have insurance which provides medical coverage for said student with _____, Policy Number _____.
(Name of Company)

Signature of Parent

Street Address

Date

Telephone Number