

MILLERSPORT HIGH SCHOOL

ATHLETIC

Participation

ATHLETIC INSURANCE EXEMPTION

It is hereby agreed by the undersigned that he or she (or both) shall take responsibility for medical costs for \_\_\_\_\_ that may arise from participation in any athletic activity for the Millersport High School or Millersport Junior High School during the 2011- 2012 season. In no way shall the Millersport High School Athletic Association, the Millersport High School Board of Education, or its employees be liable for said costs.

Name of Insurance Company

\_\_\_\_\_

Policy Number

\_\_\_\_\_

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(Signature of parent/ guardian)

\_\_\_\_\_  
(Date)

PLEASE RETURN THIS FORM TO THE OFFICE