

Waiver and Consent Form
for the school year 2016-2017
EAGLE School of Madison (5454 Gunflint Trail, Madison 53711)

Student Name: _____ Unit: _____

Student Name: _____ Unit: _____

Student Name: _____ Unit: _____

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right at EAGLE School.

I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child/ren may be injured as a result of participation in athletics or activities. This includes travel to and from such sports and activities venues and periods when my child/ren is not actively engaged in the sport or activity.

In consideration for permitting my child/ren named above to participate in sports and/or activities, I release and hold harmless EAGLE School and/or its employees, teachers, coaches, administrators, and agents from any and all liability including, but not limited to, liability for injuries or damages sustained by the individual.

I also understand that my child/ren must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child/ren is covered for injuries and/or death, occurring as a result of participation in, or the practice for, all athletic events as a student in EAGLE School during the current school year. I also certify that said insurance will be kept in force during the full time that my child/ren engages in the practice for, or participation in, athletic events during the current school year.

Name of Insurance Company: _____

Address of Insurance Company: _____

I/We have completed all the information requested above and hereby certify that I have read and agree to all the statements listed above.

Signature/s of parent/s or guardian/s

date

Please return to the Reception Office. One form per family valid for the entire school year.