# LANGSTON CHARTER MIDDLE SCHOOL

## ATHLETIC PARTICIPATION WAIVER, RISK ACKNOWLEDGEMENT, AND INSURANCE AGREEMENT

Athlete's Name: _____

Date of Birth: _____

Sport(s): _____

My child wishes to participate in the athletic program at Langston Charter Middle School. I realize that there are risks involved in this participation.

## ACKNOWLEDGEMENT OF RISK

I understand that the risks of participating in school athletics include a full range of injuries, from minor to severe. I recognize the possibility that my child might be seriously injured, including but not limited to sprains, fractures, concussion, or other serious or permanent injury, as a result of participation in this athletic program. I understand that neither the protective equipment and padding used in athletics, the safety rules and procedures of the various sports, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries he/she might sustain.

I understand that participation in school athletic programs may require transportation to and from practices, competitions, and other team-related events. Transportation may be provided by the school, school employees, approved volunteers, commercial carriers, or parents/ guardians, depending on the circumstances. I acknowledge that travel to and from athletic events involves inherent risks, including but not limited to motor vehicle accidents, weather conditions, road hazards, and unforeseen emergencies.

In consideration for my child's participation in the program, I hold harmless and release Langston Charter Middle School and its employees, agents, coaches, volunteers, and trustees from all present and future liabilities, expenses, damages, losses, injuries, judgments, and claims, of whatsoever kind, in equity or at law, which I or my child may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by my child in the program.

## INSURANCE COVERAGE AND ORDER OF PAYMENT

I understand and agree that my child's participation in Langston Charter Middle School athletics requires that the athlete be covered by insurance, and that the order of payment for any covered injury is as follows:

1. PRIMARY COVERAGE — PARENT/GUARDIAN INSURANCE: My own health, medical, or accident insurance plan is the primary payer for any injury my child sustains while participating in a school athletic activity. I agree to submit all claims for a covered injury to my own insurance carrier first.

2. SECONDARY (EXCESS) COVERAGE — SCHOOL INSURANCE: Langston Charter Middle School's athletic insurance is secondary, or excess, coverage only. It applies only after my own insurance has been submitted and applied, and it may help cover eligible out-of-pocket costs (such as deductibles or co-payments) that remain unpaid, up to the limits of the school's policy. The school's insurance is not a substitute for, and does not replace, my own insurance coverage.

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## MEDICAL TREATMENT AUTHORIZATION AND CONSENT

I authorize Langston Charter Middle School staff and coaches to seek emergency medical treatment for my child if I cannot be reached, and I agree to be responsible for costs associated with that treatment, subject to the order of payment described above.

## ADDITIONAL OR SPECIAL CONDITIONS

*(Complete ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply, write "N/A.")*

Condition: _____

I discussed these risks with the athletic director, coach(es), and/or a medical provider, and understand the special risks noted above. I agree to follow all directions and recommendations of my physicians and agree to accept these additional risks as part of my child's participation in the program.

## SIGNATURES

My signature indicates that I have read this entire form, understand it, and agree to its terms, including the order of insurance payment described above.

_____ _____

*Signature of Parent/Guardian* *Date*

_____ _____

*Signature of Athlete* *Date*

## Emergency Contact Information

Parent Name: _____ Best Phone Number: _____

Parent Email: _____

Emergency Contact #1

Name: _____ Relationship: _____ Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____ Phone: _____