

**DODGELAND SCHOOL DISTRICT
ATHLETIC PERMIT AND LIABILITY WAIVER**

Dodgeland School District (District) does not provide any type of health or accident insurance for injuries incurred by your child while attending school or participating in athletics, physical education, industrial arts, or any extra/co-curricular activities.

1. I hereby give my permission for my child to practice, compete, and represent the District in a District-sponsored athletic activity.

2. I authorize my child's healthcare providers, including emergency medical personnel and other similarly trained professionals, who may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of my child to appropriate District personnel, such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, and/or other professional healthcare providers for purposes of treatment, emergency care, and injury recordkeeping.

I, the undersigned, have adequate insurance and/or am willing to take full financial responsibility for any and all injuries sustained by my child while participating, whether it be in a practice session or actual competition, in a WIAA or any other sponsored sport or activity in the District.

I further knowingly and voluntarily waive any and all claims against and forever release the District, its Board Members, Officers, Agents, Employees, and Volunteers for any and all injuries sustained by my child while participating, whether it be in a practice session or actual competition, in a WIAA or any other sponsored sport or activity in the District.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Phone Number