



## SCHOLASTIC YEAR WAIVER FORM

I/We, the parents and/or legal guardian of the Participant, a minor, hereby give our consent for the above named individual to participate in the activities sponsored by Athletes Helping Athletes Inc. during the **Scholastic Year from August 15, 2011 through June 30, 2012** and hereafter agree to the following terms and conditions related to his/her participation. I/We give my/our permission to engage in all activities except as noted on the back of this form. I/We understand that I/We am/are responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior or other circumstances). Athletes Helping Athletes Inc. and all of its participating schools and organizations shall not be responsible for the safety, health or well being of any individual, parent and/or legal guardian of any Participant and/or any other Participant.

In case of medical emergency, I/We understand that it is very important for me/us to stay inside the building at all times during the event. If for some reason I/We cannot be found or reached, I/We hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. I/We agree to be solely responsible for paying for all fees, costs, charges related to any of the aforesaid health care, diagnosis and/or treatment including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider.

I/We hereby agree to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the above entity, their officers, directors, members, employees, volunteers, successors and assigns from and against all losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorney's fees and expenses of every kind and nature arising out of or resulting from or caused by in whole or in part any act, omission, negligence or fault of Athletes Helping Athletes Inc. and the above entity, their officers, directors, members, employees, volunteers, successors and assigns in connection with Participant's participation in the event including but not limited to those in connection with the loss of life, bodily injury, personal injury, damage to property as well as in connection with any health care expenses including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider. This obligation to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the above identified entity, their officers, directors, members, employees, volunteers, successors and assigns shall survive the termination of this agreement.

**ATHLETES HELPING ATHLETES, INC.  
SCHOLASTIC YEAR WAIVER FORM**

**PARTICIPANT'S INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MEDICAL INFORMATION**

Date of Last Tetanus Shot: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. Does your child suffer from, has ever experienced, or is being treated currently for any of the following? (please circle)

*asthma*                      *diabetes*                      *frequently upset stomach*  
*heart trouble*              *physical handicap*              *epilepsy / seizure disorder*

2. Does your child wear any of the following? (please circle)    *glasses*    *contact lenses*

3. I/We give permission for photographs or video of my child to be used for our website and/or other purposes. (please circle)    *Yes*    *No*

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Please include a) names of medications and dosages that must be taken, b) any major illnesses the child experienced during the last year, c) any activities that should be restricted and d) any dietary needs.

By signing this waiver, I agree to the terms described in the Athletes Helping Athletes Inc. Scholastic Waiver Form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_