

# Seneca Valley School District



Tracy L. Vitale, Ed.D.  
Superintendent of Schools

**Administration Center**  
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## INSURANCE WAIVER Athletic Department

Name: \_\_\_\_\_ Grade: Sport(s): \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN PERMIT:** I hereby give my consent for the above named to participate in sports at Seneca Valley, and give my permission for him/her to participate in any travel associated with the sport as authorized by the School District.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**INSURANCE WAIVER AND RELEASE FROM LIABILITY:** We the undersigned parent/guardian agree that the Seneca Valley School District and its employees shall be in no way responsible for any injuries suffered by the above named student while engaged in any interscholastic sports sponsored by the Seneca Valley School District. Further, we hereby release the aforementioned of and from any and all liability for such injuries. The Seneca Valley School District does not carry insurance on our student athletes; therefore, it is necessary that the athlete be covered by a family medical plan. Students are not permitted to participate without medical coverage. There is general health insurance available that you may purchase by contacting the Athletic Office.

Parent's Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**INJURY RISK:** Every participant should be aware that there are certain risks associated with any sporting activity and that personal injury may result from participation in any interscholastic sport. There is an increased danger in any interscholastic sport, which entails body contact such as an integral part of the sporting activity or as a possible consequence. Such body contact sports include, but are not limited to, baseball, basketball, football, softball, and wrestling. The undersigned and his/her parent(s) or guardian(s) acknowledge that such risks exist and by their signature hereto indicate their willingness to voluntarily participate in the sporting activity with full knowledge of possible risks including bodily injury.

Parent's Signature: \_\_\_\_\_

Student Athlete's Signature: \_\_\_\_\_