

**Stroudsburg Area School District
Waiver Form**

Must be signed/ completed by parent/ guardian BEFORE participating in activity

Name of Event: _____

Participant Name: _____

Name of Parent/ Guardian: _____

Address: _____

Phone #: _____

Emergency Contact: _____ Emergency #: _____

Name of School: _____

Please list any and all allergies: _____

Please list any medications you are currently taking: _____

Insurance Company: _____

Policy #: _____ ID/ Group #: _____

Medical Treatment Waiver & Release Form

In consideration of the use of premises or facilities owned or operated by Stroudsburg Area School District and/ or in consideration of permitting my child to participate in the activity listed above, on behalf of my child, myself, my heirs, executors, administrators, successors, or assigns I hereby release and forever discharge the Stroudsburg Area School District, its agents, servants, and employees from any and all manner of actions, causes of actions, suits, damages, claims, and demands on account of personal injury, including death or any other cause whatsoever, which I may have against them by reason of arising out of my child's participation in the above listed activity.

I understand and accept the risks involved in this activity including but not limited to sprains, strains, fractures, head injuries, and death.

Signature of Parent/ Guardian

Date

Please make certain that you have adequate health and accident insurance since the Stroudsburg Area School District will not be responsible for injuries resulting from your child's participation in physical activities.