

**FULTON HIGH SCHOOL
EXTRA-CURRICULAR PARTICIPATION WAIVER FORM**

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____ **PHONE** _____

BIRTHDATE _____ **GRADE** _____

FOREIGN EXCHANGE STUDENT: Yes _____ No _____

Mother's Name _____ **Address** _____ **Phone** _____

Father's Name _____ **Address** _____ **Phone** _____

Legal Guardian _____ **Address** _____ **Phone** _____

Does the student reside full-time with parents, custodial parent or court appointed legal guardian within the boundaries of this district? Yes _____ No _____

Date of last physical exam _____ **Emergency Contact** _____

Phone: _____

First activity for which this form was initiated _____

INSURANCE WAIVER

In order to participate in an extra-curricular activity at Fulton High School, each participant must have a current accident insurance policy in force which will cover him/her during the entire school year.

DISCLAIMER OF LIABILITY

Fulton High School, its staff and the extra-curricular departments do not assume any liability for any injury incurred while a student is participating in an extra-curricular activity or while the student is traveling to or from an activity.

Students participating in an extra-curricular activity and a user of equipment and facilities of Fulton High School does so at his/her own risk. Students who elect to participate must recognize that injuries may occur which could be crippling for life.

Fulton High School and its staff shall not be liable for any damages arising from personal injury sustained by the participant. The participant and his/her parents assume full responsibility for any damages or injuries which may occur during practice, events, travel to and from events and so hereby fully and forever exonerate and discharge Fulton High School, its extra-curricular departments, its staff, Board of Education, employees and agents from any and all claims, demands, damages, rights of action, causes of action present or future whether the same be known, anticipated, or unanticipated resulting from or arising out of participation in a practice or an event and in use of school facilities or while an extra-curricular member.

CONFIRMATION OF INSURANCE

I understand the Disclaimer of Liability. I have an insurance policy which covers my son/daughter while engaged in an extra-curricular activity at Fulton High School.

Name of Insurance Company _____

PARENTAL PERMISSION

I give permission for my son/daughter to participate in all extra-curricular programs.

PARENT SIGNATURE _____ DATE _____

PLEASE LIST ANY EXTRA-CURRICULAR ACTIVITY THAT YOU DO NOT GIVE PERMISSION FOR YOUR SON/DAUGHTER TO PARTICIPATE IN (IF ANY APPLY). _____