



Gilbert Campus  
 580 W. Melody Ave.  
 Gilbert, AZ 85233  
 480-813-9537  
 480-813-6742 fax

Queen Creek/San Tan Valley Campus  
 4567 W. Roberts Rd.  
 San Tan Valley, AZ 85144  
 480-888-1610  
 480-888-1655 fax



## **ATHLETIC WAIVER OF LIABILITY**

*Print, complete, and return this form to the coach or Athletic Director.*

Student \_\_\_\_\_

Grade \_\_\_\_\_

### ***Parents' or Guardians' Permission & Waiver of Liability & Authorization for Emergency Care***

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse EDUPRIZE for equipment issued to my child should it become lost. I understand EDUPRIZE cannot accept responsibility for personal items or school uniforms lost or stolen.

***I have read and understand EDUPRIZE's Athletic Department Expectations and Athletics Mitigation Plan***

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any EDUPRIZE activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release and hold harmless EDUPRIZE and its affiliates from any and all liability due to such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Printed Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Home Phone \_\_\_\_\_

Athlete's birth date \_\_\_\_\_

**Note: A current physical exam must be on file.**

Family Doctor \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_

Group or ID # \_\_\_\_\_



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**Parent Understanding**

I understand participating in interscholastic athletics can be an extremely valuable experience for young people. The Athletic Department makes every attempt to employ the finest coaches, supply our athletes with the best equipment and facilities, and provide athletes with opportunities to develop and maintain physical fitness. However, athletes are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death, and I agree to hold harmless EDUPRIZE and its affiliates. This communication is being written so you and your athlete can understand that there are potential dangers involved in participation in athletics. All information given above is accurate. I have read and understand the school concussion policy. I understand that my child may practice or participate off-site at times and agree to hold the school harmless from any condition or event that does not occur under their control.

**Parent Signature** \_\_\_\_\_

**Verification of Amateur Status**

This application to participate in athletics at EDUPRIZE is voluntary on my part and is made with the understanding that I have never received money or merchandise in any amount or an emblematic award worth more than twenty-five dollars (\$25) for participating in athletic events, and that I have never competed under an assumed name.

**Student Signature** \_\_\_\_\_

**Student Accident Insurance**

As sports and extracurricular activities do present the risk of injury, please carefully consider whether your student has adequate coverage. If you would like to explore coverage options, our recommended vendor is K&K Insurance Group, who specialize in Student Accident Insurance. Enroll online, at <http://www.studentinsurance-kk.com>.

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If you *do not* want to purchase accident insurance, please complete the section below:

**By signing below, I choose to decline accident insurance coverage for the EDUPRIZE Sports Program during the 2024-2025 school year.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**