

the School Board of Osceola County, my/our child's/ward's school, the schools against which it competes, and the contest officials of any and all responsibility and liability for any injury or claim resulting from any accident that may occur in transit to or from the athletic event.

C. I/We know of, and acknowledge that my child/ward know of, the risks involved in Summer athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in Summer athletics. **With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, my/our child's/ward's school, the schools against which it competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the summer athletic activities and agree to take no legal action against any of the above-referenced entities because of any accident or mishap involving the athletic participation of my/our child/ward. This release applies to all participation in summer athletic activities for 2009.** I/We authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary.

D. Please check the appropriate line.

_____ My child/ward is covered under our family health plan which has limits of not less than \$25,000.

Company _____ Policy Number _____

_____ I/We have no health insurance for my/our child/ward and understand that the **District does not provide insurance for Summer athletic activities.**

_____ I/We have no health insurance for my/our child/ward and we have elected to purchase the 24 hour student accident insurance from Florida School Insurance. See their website for application: www.floridaschoolinsurance.com

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Date