

ATHLETIC LIABILITY WAIVER

**Wisconsin Interscholastic Athletic Association
Alternate Year Athletic Permit Form**

School Year _____ - _____

Physical Exam Date _____

Name: _____ Grade _____ DOB _____
Last First Middle Initial

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on the athletic permit form on file.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
3. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

PARENT: *If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing form.*

I, the undersigned, have adequate insurance and am willing to take full financial responsibility for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School District Athletic program.

I further knowingly and voluntarily waive any and all claims against and forever release the Appleton Area School District, its Board Members, Officers, Agents, Employees and Volunteers for any and all injuries sustained by my son/daughter while participating, whether it be in a practice session or in actual competition, in a WIAA or any other sponsored sport in the Appleton Area School District Athletic program.

My signature also indicates that I endorse and agree to have my child abide by the policy governing groups performing/playing out of school as stated in the Code of Conduct.

Parent/Legal Guardian Signature Date

Student Signature (18 years or over) Date

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR FORM ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.