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Note: This form is only to be completed if your child does not have medical insurance coverage.

Medical insurance is available for purchase through the business managers' office at the central office for a nominal fee. Call (513) 683-5600 for more information.

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Scroll down for form.

**PARENT/STUDENT PERMISSION SLIP FOR
PARTICIPATION IN THE
LOVELAND HIGH SCHOOL _____ (sport)**

WAIVER OF LIABILITY

This permission slip is for the participation in the Loveland High School Sport _____
for the 2009-2010 season. We acknowledge that Loveland High School requires students to be covered
by his/her family medical insurance provider as primary insurance. We acknowledge that
Student/athlete name _____ is not covered by said insurance policy and
knowingly agree that any injury typically paid by family medical insurance will be the responsibility of
the parents.

We, the undersigned student and parents/guardians of Student Athlete name _____
do hereby give permission for Student/athlete name _____ to participate in the above
stated activity. We do hereby assume full responsibility for any risk of bodily injury, personal injury or
mental injury or death due to Student/athlete name _____'s participation in the
above-referenced activity and the necessary travel to and from the activity site on behalf of or in the
name of the Loveland City School District Board of Education.

The undersigned further release, waive, discharge and covenant not to sue the Loveland City School
District Board of Education, its individual members, its superintendent, principals, administrators,
employees, agents or anyone acting on its behalf, from any and all liability, claim, demand, action or cause
of action, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury,
personal injury or mental injury, known or unknown, including death, resulting from, or to result from

Student/athlete name _____'s participation in the above-referenced activity on
behalf of or in the name of the Loveland City School District Board of Education.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the
State of Ohio or any other state in which said student may be injured and that if any portion of this release
is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

We further state that I/we have fully and carefully read the above release and know the contents of same and
sign this release as our own free act.

Dated: _____ Parent/Guardian _____

Dated: _____ Parent/Guardian _____

Dated: _____ Student/Athlete _____

(Please be advised that a student over 18 years of age does not require parent or guardian signature, however, such signature is
recommended if obtainable).