

Loveland Athletics – Waiver of Liability

****Only complete this form if your athlete is not covered under any medical insurance policy****

Parent/Student Permission Slip

The permission slip is for the participation in the Loveland High School Sport of _____
for the _____ 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) _____'s participation in the
above-referenced activity and the necessary travel to and from the activity 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, person 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.)