



**SOUTH ADAMS MIDDLE/HIGH SCHOOL**  
**ATHLETIC DEPARTMENT**

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**INSURANCE WAIVER RELEASE:**

We, the parent(s) of \_\_\_\_\_ will not hold the South Adams School Corporation financially responsible for any injuries our son/daughter might receive while participating in athletic contests. I agree to be financially responsible for any medical bills that might incur while my son/daughter participates in athletics.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_