

2025 Olathe North High School Summer Football Workouts Medical and Liability Waiver Form

Olathe North Summer Workouts Dates: June 10, 24, 26, and July 10, 2025

Individual athletes must have coverage through their parent or guardian's medical coverage. Every athlete must have insurance and sign this waiver to participate. Forms must be turned in prior to taking the field for activities.

Player Name: _____

Guardian Name: _____

Cell Phone#: _____ Other Phone #: _____

Guardian Email: _____

Insurance Company: _____

Policy Number: _____

Emergency Contact: _____

Phone #: _____

Release of liability: the release of liability must be signed by a parent or guardian for their child to participate in camp activities.

In consideration of the Olathe North High School Summer Football Workouts granting the student permission to participate, I hereby assume all risks of their personal injury that may result from workout activities. As parent/guardian, I do hereby release Olathe North High School, as well as all employees, instructors and all participants in said football workouts from all liability, including claims and suits at law or inequity, for injury which may result from the student taking part in football workouts. I also certify that my child has no injury or illness that would limit his participation in workouts.

Medical Authorization: The medical authorization must be signed for your child to participate in all workout activities:

I hereby authorize and give my consent to Olathe North High School Summer Football Workouts or any licensed physician or athletic trainer or EMT to perform upon or administer any reasonable, necessary medical treatment to my child attending said football workouts. I agree to assume all costs related to such treatment, I understand that I will be responsible to any medical or other charges in connection with the student's attendance at these workouts.

I understand that this is my signature stating my declaration and consent that I have read and agree to all terms and conditions listed above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print) _____