



Parkview Adventist Academy
4201 Martin Luther King Avenue
Oklahoma City, OK 73111
Phone: 405-427-6525
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www.parkviewadventistacademy.org

ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

Current School Year: _____

Please Print:

Student's Name _____ Parents' Name _____

Address _____

Phone _____

I understand that participation in any extracurricular activity or sports is a privilege and not an exclusive right at Parkview Adventist Academy.

I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release and hold harmless Parkview Adventist Academy and/or its employees, teachers, coaches, administrators, etc., from any and all liability including, but not limited to liability for injuries or damages sustained by the individual.

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student at Parkview Adventist Academy during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company _____ Phone Number _____

Address of Insurance Company _____

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

Signature of Parent or Guardian

Date