



# School City of Mishawaka Elementary Sports

## Parent/Guardian Acknowledgment and Release Certificate

- A. Undersigned, a parent or guardian of a student, hereby gives consent for the student to participate in the **Team Tennis Challenge**.
- B. Undersigned knows of and acknowledges the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless School City of Mishawaka from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against School City of Mishawaka because of any accident or mishap involving the student's athletic participation.
- C. Please check the appropriate box:
  - The student has school accident insurance.
  - The student has adequate family insurance coverage.
  - The student does not have insurance coverage.

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.**  
*(To be completed and signed by all parents/guardians; where divorce or separation, parent with legal custody must sign)*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Student Name \_\_\_\_\_

School \_\_\_\_\_

*Students are not allowed to take part in athletic programs, which include practices,  
until this form is on file in the Athletic Director's Office*