



THE BANFF SCHOOL

PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS AND RELEASE OF LIABILITY

I hereby certify that _____ has my approval to attend The Banff School athletic activities and participate in all games and/or activities which the coaches designate or consider to be a part of The Banff School athletic program.

I understand that the School Board of The Banff School and the employees of The Banff School shall not be held responsible or liable for any accident or injury (including any resulting damages), or for the treatment of same, whether or not occurring by reason of its negligence of doctors or physicians or other personnel treating said injury.

In an emergency situation, while not assuming the obligation to do so, every effort will be made to care for such emergencies as may be deemed necessary at the discretion of the person or persons representing The Banff School.

In the event medical attention should become necessary, I, the undersigned parent or guardian hereby authorize the representatives of The Banff School to obtain first aid and medical attention at their discretion as may seem necessary.

In the event of injury, parents will assume responsibility for payment of all costs arising directly or indirectly from said injury including reimbursement of any amounts which may be paid by The Banff School or its representatives.

Student Date of Birth _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

Doctor: _____ Telephone: _____

Signed: _____ (Parent or Guardian)

Date: _____ Telephone: _____