

# LOYOLA COLLEGE PREP ATHLETICS

## Insurance Information

I understand that my daughter/son is covered Loyola College Prep's student accident insurance policy while either at school or participating in an extra-curricular activity. This policy provides secondary coverage for any school related injury for my daughter/son. I also understand that a notification of injury form must be filled out by the coach/teacher/sponsor, etc. and given to me to submit to any and all doctors, hospitals, clinics, etc. within 90 days of the injury.

I have read and understand significance of this statement.

## LEGAL DISCLAIMER

I hereby release the sponsor (Loyola College Prep and its officers, employees and volunteers) from all responsibilities for damages or injuries that my occur while my daughter/son participates in the Loyola College Prep extra-curricular Athletic program except for injuries resulting directly from gross negligence or willful misconduct. I certify that my daughter/son physical condition is such that participation in the athletic actives will present no unusual risk to her/his health. I agree to allow my daughter/son to be treated by a licensed physician if necessary.

I have read and understand the significance of this statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student –Athlete

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent(s) of Student-Athlete