

# School Event Health Waiver Agreement

This agreement must be completed and signed by a parent/legal guardian prior to participation in any school event or activity.

## Participant Details

### Student Name

### Event Name

### Event Date

## Health Declaration

By signing this agreement, I affirm that:

- The participant is in good physical health and able to participate in the above-named event.
- I have disclosed any known medical conditions, allergies, or medications to event organizers.
- If symptoms of illness are present prior to or at the time of the event, the participant will refrain from attending.

## Waiver of Liability

I understand and acknowledge that participation in school events involves certain risks, including possible exposure to illness or physical injury. I voluntarily assume all risks on behalf of the participant and agree to release the school, its employees, and volunteers from any liability arising from participation in the event.

## Emergency Authorization

In the event of a medical emergency, I authorize school staff to obtain necessary medical treatment for my child. I accept responsibility for all costs associated with such treatment.

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Parent/Guardian Signature

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Date

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Print Name

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Contact Number

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