



Athletic Participation & Insurance Waiver Form

Student's Name _____ Parent's Name _____

Address _____

Phone Number _____

The safety of our students is one of our most important concerns. Even so, accidents do happen and some result in medical treatment, such as ambulance transport, surgery, hospitalization, etc. Medical treatments can be very expensive.

Please know the District DOES NOT assume responsibility for any of these costs. However, as a service to you and your child, we do offer a low cost, voluntary student accident insurance program. The plan is administered by A-G Administrators LLC.

Several plans and rates are offered. You can limit coverage to school related injuries only (including sports) or opt for 24/7 coverage.

To enroll, please review the package and complete the enrollment form in full and return it to A-G Administrators LLC. If you have questions, please call 610-933-0800.

In order to document your having been notified of this matter and that you understand that this insurance is voluntary.

If you choose to waive this insurance, you acknowledge that there are inherent risks associated and accompanied with sports and activities that may result in your child being injured. You agree to release and hold harmless Riverview School District, and/or its employees, teachers, coaches, administrators, UPMC trainers, et al., from any or all liability, but not limited to liability for injuries and damages sustained by your child.

If you have medical insurance coverage for your child, you certify you will keep it in force during the full time your child engages in participation in athletic events and practices during the school year.

Please provide a copy of the medical insurance coverage card along with this insurance waiver.

I hereby certify that I have read and agree to all of the statements listed above:

Signature of parent or guardian _____

Date _____