

HERITAGE ACADEMY
625 Magnolia Lane
Columbus, MS

ACTIVITY PERMISSION

It is my desire to allow _____, a student at Heritage Academy, to participate in school sponsored sports or other activities for the current school year. I understand that occasionally injuries occur in these activities and that Heritage Academy assumes no risk or responsibility for these injuries. I further agree and understand that any claim for medical or other expenses relating to any such injury will be filed with my insurance company and neither I nor my insurance company shall seek to subrogate or make any claim against Heritage Academy or its insurance carrier for any such medical or other expenses, all such claims being hereby expressly and knowingly waived by me.

I release Heritage Academy, the Board of Directors, the Head of School, Coaches, HA Staff and Volunteers from all responsibility in case of injury.

Date

Parent or Guardian

Student's Grade

Parent's Cell Phone

Home Phone _____

Work Phone _____

Please complete fully: THIS IS VERY IMPORTANT!

Medical Information

___ The above named participant is covered for hospitalization under
Policy# _____
Name of Insurance Company _____
Address of Insurance Company _____
If Group Policy, give Employer _____ Group # _____

___ The above named participant is not covered by hospitalization insurance.