



### **Insurance Release from School Liability:**

The parent/guardian of \_\_\_\_\_, an athlete participating in Green Bay Trinity Lutheran School's (in Green Bay, WI) sports program, hereby consents to the participation of the above stated child, in practice and in competition. I also give consent for said child to travel to and from such events and contests as directed by said school. Any limitations to the consent should be stated here:

\_\_\_\_\_.

The undersigned releases the said school, conference, coaches, employees/staff and referees from all liability and claims that may accrue to the above stated child, on account of any injury (including death) sustained by the above stated child, which may occur from any cause while participating in practice or in competition, as well as while traveling enroute to and from practice and competitions.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### **Parent/Student Athletic Handbook & Concussion Signature Page:**

The signatures below certify that as a parent/guardian, I have read and reviewed this information with my student athlete. I attest that I understand the information presented in Green Bay Trinity Lutheran School's athletic handbook, and I understand the signs and symptoms of a concussion as presented by the concussion document from ImPACT Baseline Testing.

\_\_\_\_\_  
Print Athlete's Full Name

\_\_\_\_\_  
Grade in School Year 2025-2026

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Sports Participating In

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\*Please return this page to the office or athletic director\*