

Permission To Release Information

School Name: Father Gabriel Richard High School

Athlete's Name: _____

Parent/Legal Guardian Name: _____

Athlete's Address: _____

City: _____ State: MI Zip Code: _____

Phone: _____

I give permission to Father Gabriel High School and its third-party trainer and training services company (collectively "trainer"), to release identifiable information about me, including detailed information about my medical condition. The information may be:

- Exchanged among the school (including its coaches and athletic directors) and its trainer
- Disclosed to my parents/legal guardians or any person(s) listed on the student's emergency contact form
- Disclosed to my health care providers, including my primary care physicians

This permission does not expire. However, I can revoke this permission at any time by writing to the school, and providing a copy to the trainer. I understand that disclosures made before I revoke my permission cannot be undone.

I understand this permission may be required to participate in athletics but otherwise is voluntary and will not affect any health care I may receive.

I release the school listed above, and its trainer, and their respective employees, agents, and contractors, and any other persons involved in providing athletic training services to me from any and all liability that may or could arise from the disclosures.

Parent/legal guardian signature: _____ **Date:** _____