

**OPEN BIBLE CHRISTIAN SCHOOL  
ATHLETIC DEPARTMENT**



*PARENT/GUARDIAN RELEASE*

I give permission for \_\_\_\_\_  
to participate in athletics during the 20\_\_\_\_ - 20-\_\_\_\_\_  
school year without an official medical examination and signed  
Doctor's physical. By signing this I assume all responsibility and  
hold harmless OBCS and its employees.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

If no Major Medical Insurance is available, please initial  
here \_\_\_\_\_.