

INSURANCE WAIVER

Student _____

Mark the ONE, which applies to you:

_____ We (I) have our own medical insurance which will cover any athletic event.

Company: _____

Policy Number: _____

_____ We (I) carry insurance protection through a school sponsored policy.

_____ No, we do not have insurance. We will not hold the school responsible for any accident that may occur during a sporting event.

Date: _____ Parent/Guardian: _____