

Insurance Waiver Waverly High School Athletics

Date _____

The undersigned parents/guardians of _____ are aware that Waverly School District #6 policy requires accident insurance for all of its athletes, and that the School District does not provide such coverage, hereby acknowledge that our son/daughter is adequately covered by such insurance. We therefore, elect to NOT participate in the insurance program offered by the School District.

In consideration of the permission granted to the above named student to participate in interscholastic sports, the undersigned parents/guardians and student do hereby agree that Waverly School District #6 is released and forever acquitted from any and all claims of liability for injury to said student sustained in the course of interscholastic sports, and the undersigned and student hereby waive any and all claims, rights and causes of action against the School District arising from any such injuries.

signature of parent/guardian

date