

DEPARTMENT OF ATHLETICS  
SOUTH RANGE LOCAL SCHOOLS

**INSURANCE WAIVER FORM**

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SPORT: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. \_\_\_\_\_ I DO NOT WISH TO HAVE MY CHILD COVERED UNDER THE SCHOOL ACCIDENT POLICY.

2. \_\_\_\_\_ I AM PURCHASING SCHOOL ACCIDENT INSURANCE.

3. \_\_\_\_\_ I AM COVERED BY MY OWN INSURANCE.

I GRANT PERMISSION FOR HIS/HER PARTICIPATION IN \_\_\_\_\_  
(football, basketball, cross country, volleyball, track, wrestling, cheerleading, etc.)  
WITH THE UNDERSTANDING THAT THE SCHOOL WILL ASSUME **NO**  
FINANCIAL RESPONSIBILITY FOR INJURIES THAT HE/SHE MAY INCUR  
AS A RESULT OF SUCH PARTICIPATION.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_