

Appendix E

CLARKE COUNTY PUBLIC SCHOOLS ATHLETICS

(Please fill out either the insurance waiver or insurance verification.)

Insurance Waiver

We, the parents or guardians of _____ do hereby
STUDENT'S NAME

acknowledge that an insurance policy is not in force for our son/daughter that will pay the medical or surgical expense that results from any injury, major or minor, that the above named student/athlete may receive as a result of practicing or performing in athletics in the Clarke County Public School system.

Since we, the parents or guardians of the above named student/athlete do not have an insurance policy which will provide adequate financial coverage for any type injury or whatever might result therefrom, we, the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of time thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Insurance Verification

We, the parents or guardians of _____ have insurance with
STUDENT'S NAME

Name of Insurance Company

Policy Number

that will pay the medical or surgical expenses that result from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics in the Clarke County Public School system. This insurance will also cover the above-named student-athlete while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of the thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN