

**MONTGOMERY PUBLIC SCHOOLS
CERTIFICATION OF INSURANCE COVERAGE
WAIVER OF LIABILITY
FOR STUDENTS PARTICIPATING IN ALL ATHLETIC
ACTIVITIES**

No student athlete shall be allowed to participate in practice or games without adequate insurance coverage. A notarized statement from the student's parent or guardian stating the student is adequately protected against accidents that may occur while participating in activities must be on file. I hereby acknowledge the following by initializing each item and signing the bottom of this document.

STUDENT NAME: _____

INITIAL _____ I hereby represent and certify that I have adequate insurance coverage to cover the cost of treatment for injuries to my child in any athletic contest or event, including practices. (copy of insurance card attached.)

INITIAL _____ I hereby understand that the Board and its employees DO NOT HAVE INSURANCE COVERAGE for my child, and I, FOR MYSELF AND MY CHILD, do hereby RELEASE AND DISCHARGE the board, its agents, servants, employees, and officials from any liability for the cost of treatment for injuries to my child.

SIGNATURE OF PARENT/LEGAL GUARDIAN 9th Dated this the _____ day of _____, 20____.

SIGNATURE OF PARENT/LEGAL GUARDIAN 10th Dated this the _____ day of _____, 20____.

SIGNATURE OF PARENT/LEGAL GUARDIAN 11th Dated this the _____ day of _____, 20____.

SIGNATURE OF PARENT/LEGAL GUARDIAN 12th Dated this the _____ day of _____, 20____.

NOTARY SIGNATURE (Affix Seal)

NOTE: FORM MUST BE COMPLETED, SIGNED, NOTARIZED, AND A COPY OF INSURANCE CARD MUST BE ATTACHED.