



WAIVER OF LIABILITY AND RELEASE
USE OF PERSONAL FOOTBALL HELMET FOR PRACTICES AND GAMES

Safety of the student athlete while participating in football is one of the Eanes Independent School District's top priorities. To satisfy that priority, the District provides safety equipment that it believes to be the most appropriate for the prevention of injury to its football players.

Should the participating student athlete and the student athlete's parent(s) and/or guardian(s) wish to use their own personal football helmet, rather than the District-issued helmet, Eanes Independent School District cannot be held responsible for any injuries arising from or connected with the student athlete's use of a personal football helmet. The participating student athlete and the student athlete's parent(s) and/or guardian(s) must understand and accept the risk associated with using a personal football helmet for football practices and games.

In consideration of _____ (*athlete's name*) ("Athlete") electing to use a personal football helmet in place of the District-issued helmet for games and practices, I agree that I, as Athlete's parent/guardian, on behalf of myself, my spouse, and Athlete, my heirs, assigns, and any other person acting on my or Athlete's behalf, hereby expressly waive, disclaim, and release the Eanes Independent School District and its past, present, and future trustees, employees, and representatives (in their official and individual capacities) from and against any and all claims, demands, costs, liabilities, expenses, causes of action, and judgments of whatever nature, known or unknown, past, present or future, related in any way to any injury sustained by Athlete as a result of Athlete's use of a personal football helmet rather than the District-issued helmet.

Completion

Parent or Guardian: I understand that by allowing my child to wear a helmet not provided by the school district I take full responsibility for any injury that can be attributed to the use of this specific helmet.

PARENT OR GUARDIAN'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

PARENT OR GUARDIAN'S PRINTED NAME

PARENT OR GUARDIAN'S PRINTED NAME

DATE

DATE

STUDENT ATHLETE'S NAME

SCHOOL

(Over for verification of helmet requirements)

USE OF PERSONAL FOOTBALL HELMET FOR PRACTICES AND GAMES
PERSONAL FOOTBALL HELMET REQUIREMENTS

The following guidelines must be met if a player is to provide a personal football helmet (all guidelines must be verified by coaching staff):

- The helmet must be a NOCSAE approved helmet.
- The helmet must be appropriate for skill level. **Helmets purchased for middle school football cannot be used for high school football.**
- The helmet must fit according to manufacturer's recommendations.
- The helmet cannot be broken or damaged in any way.
- The helmet must be clean inside and out.
- The helmet must be no older than seven years.
- The helmet must have been re-certified/reconditioned within the last two years using a certified NOCSAE approved vendor if the helmet is older than two years. (The helmet should be re-certified after every two years of use.)
- The helmet must be painted to match the Westlake helmets.

TO BE COMPLETED BY A MEMBER OF THE FOOTBALL COACHING STAFF:

Coach's Name: _____

Date Inspected: _____

Brand and Style of Helmet _____

Helmet Serial Number: _____

Date of Manufacture: _____

Coach initial below for each requirement:

- NOCSAE approved helmet. _____
- Appropriate for skill level. _____
- Fits according to manufacturer's recommendations. _____
- Is not broken or damaged in any way. _____
- Clean inside and out. _____
- No older than seven years. _____
- Is newer than or has been re-certified within the last two years. _____
- Painted to match Westlake helmets. _____

Completed form should be on file in Athletic Department office.