

ATHLETIC INSURANCE WAIVER FORM
INDIAN CREEK SCHOOL DISTRICT

We, the parents or guardians of _____
hereby certify that we carry complete family hospitalization and medical insurance which will
cover all accidents or injuries due to participation in the Indian Creek School District athletic
program.

Our signatures below indicate that we do **NOT** wish him/her to participate in the school athletic
insurance program. We accept complete responsibility and absolve any and all employees of the
Indian Creek High Local Board of Education, especially the Indian Creek High School Athletic
Board, and any accounts or fund under its control, for financial or legal responsibility in case of
accident or injury to our son/daughter.

Signatures _____

(Student)

(Mother)

(Father)

Date _____

School Year 20__ - 20__