



Phone: 301-475-4256 ext. 7; Fax: 301-475-0239

Mr. Michael A. Watson
Director of Facility Coordination, Health and
Physical Education, and Athletics

USE OF PERSONAL HELMET

I have elected to purchase a helmet for the use by my son/daughter _____
(name)
in the _____ program at _____ High School.
(sport) (school)

I acknowledge that the St. Mary's County Public Schools provides approved athletic helmets for my student's use and that such helmets are re-conditioned each year, or as required by the applicable standard. Nonetheless, I have purchased an athletic helmet (the "personal helmet") for my student's use and give my student permission to use the personal helmet in all athletic practices and games. I hereby certify that the personal helmet meets all approved guidelines for athletic helmets and is an exact match in color and markings to the team-issued helmet. I acknowledge that the annual reconditioning/recertification of helmets are common recommendations of manufacturers. I agree that the St. Mary's County Public Schools has no responsibility to inspect or recondition the personal helmet. On my own behalf, and on behalf of my student and our respective heirs and insurers, I assume any and all risks, including the risk of death and/or serious injury that may arise out of my student's use of the personal helmet. On my own behalf, and on behalf of my student, and our respective heirs and insurers, I further agree to release, indemnify, and defend the Board of Education of St. Mary's County, its elected and appointed members, and its employees, agents and insurers of and from any and all liability, claims, demands, or suits, of whatsoever kind or nature, that may arise as a result of my student's use of the personal helmet.

Parent's name Parent's Signature

Student's name (if over 18) Student's Signature (if over 18)

Street Address

City, State, ZIP Date

School Use Only: Date form received _____ Signature of coach/administrator _____