

**NORTH CAPE SCHOOL DISTRICT
WAIVER AND RELEASE OF CLAIMS
PROOF OF INSURANCE
SPORTS PERMISSION**

By School Board action, the North Cape School District Board of Education has passed a motion requiring parents to provide proof of their own accident/health insurance. Students who do not have accident/health insurance will not be allowed to participate in sports.

The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understands these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living, to engage in other business, social, and recreational activities, and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold the North Cape School District, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment.

Student Name

_____ **I do not have my own accident/health insurance.**

_____ **I have my own accident/health insurance.**

Name of Insurance Carrier

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Parent/Guardian Signature

Parent Printed Name

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of _____ to participate in sports. I understand that since the North Cape School District does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold the North Cape School District, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Parent/Guardian Signature

Date

Revised 6/2012