

Gibsonburg Exempted Village Schools 7-12 Athletic Department

INSURANCE WAIVER

Student Name: _____

Parent/Guardian Names: _____

Insurance Company: _____

Policy Number: _____

Insurance Company Address: _____

Insurance Company Phone: _____

Please
Check
One:

_____ We the undersigned, have adequate insurance to cover any injury in interscholastic games, practices and physical fitness for the above named student. We understand the financial responsibilities and waive all financial responsibility of the Gibsonburg Exempted Village School District for any accident or injury.

_____ We the undersigned, do not carry adequate insurance to cover any injury in interscholastic games, practices and physical fitness but understand the financial responsibilities and waive all financial responsibility of the Gibsonburg Exempted Village School District.

*insurance is offered by the school for purchase
(See the High School office for forms)

Athletes Name _____

Athletes Signature _____

Parent/Guardian Signature _____

Date _____