

INSURANCE WAIVER FORM

Name: _____ **Age:** _____ **Birth**

Date _____ **Sport:** _____ **Grade:** _____

Insurance Waiver and Release Form

Dear Parent:

Your child has indicated an interest in participating in the *Greer Middle College Athletic Program*. We know that it is your wish as well as ours that every precaution be taken to protect our students from injury. We do our utmost to promote this by proper training, by the use of protective equipment, by supervising all activities, and encouraging good safety habits.

Despite our efforts, accidents do happen occasionally in athletics as elsewhere. The school is not legally liable for medical or hospital expenses resulting from athletic injuries incurred in interscholastic sports, but we certainly want to do our part to obtain the best possible protection for our young people. Because the school does not cover any expenses, the best available insurance for the amount of money is a combination of our own school insurance and your own personal family insurance. Our school insurance covers a wide range of accidents in all sports.

In order for our athletes to be insured as well as possible, we require each participant to purchase the above mentioned school insurance, or else to provide us with a waiver form which explains that the athlete is adequately insured with your own personal family insurance. In no case will Greer Middle College or the Greenville County School District be responsible for the cost of prescriptions, special medications, and the like.

This is to acknowledge that my child is adequately covered by our own personal insurance against injuries sustained in interscholastic athletes. I understand that I have the option of purchasing insurance through Greer Middle College at the beginning of the school year.

Signature of Parent/Guardian _____ **Date:** _____