

Starmont Schools

Insurance Waiver

Please Check One

_____ We **DO HAVE** a family insurance policy that will cover any injury that our son / daughter might receive in athletics. We assume responsibility for his or her physical well-being as a result of this family insurance coverage.

_____ We **DO NOT have** a family insurance policy. We assume responsibility for the physical well-being for our son / daughter and understand financial commitments resulting from injury due to athletic participation are not the school's responsibility.

Athlete's Name: _____

Parent's Signature: _____

Date: _____