



Insurance Waiver Form
KENTON ATHLETICS REQUIRED FORM

INSURANCE WAIVER FORM
Kenton City School District Athletics

Student Name: _____

Parent/Guardian Name(s): _____

Insurance Company Name: _____

Policy Number: _____

Insurance Company Address: _____

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, and agree, the financial responsibilities and waive all financial responsibility of the Kenton City 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, and agree, the financial responsibilities and waive all financial responsibility of the Kenton City School District for any incident or injury.

(Parent/Guardian) _____ (Parent/Guardian)

(Date)

All students participating in interscholastic sports must have the above waiver filled in and signed.
Students will not be permitted to participate until this form is completed and given to the head coach.

SIGN AND RETURN THIS PAGE