

INSURANCE WAIVER FORM

(TO BE FILED WITH COACH IN LIEU OF SCHOOL INSURANCE
SUBSCRIPTION)

SPORT _____
COACH _____

SHAW HIGH SCHOOL ATHLETIC DEPARTMENT

_____ is not covered by school insurance. It is our understanding that the Shaw High School Athletic Department and the East Cleveland Board of Education will not assume responsibility for any medical bills resulting from any injury to the above named player while playing, practicing, or traveling to and from any athletic contests.

Do you have an insurance plan which covers the athlete listed above?

_____ YES _____ NO

Signature of Parent or Guardian

Date