



SNOWFLAKE HIGH SCHOOL
Athletic Department

2020-2021 Insurance Waiver Form

We, the parents/legal guardians of _____, do hereby acknowledge that an Injury/Accident Insurance Policy is **NOT** in force for my son/daughter. I will pay the emergency transportation, emergency medical and/or surgical treatment expenses that have resulted from any injury (major or minor), that may have been received as a result of participating in athletics for Snowflake High School.

We (parents/legal guardians) **DO NOT** have an Injury/Accident Insurance Policy for my son/daughter that will provide financial coverage for any type of injury or accident that is a result from participation in athletics for Snowflake High School. This contract runs through the 2020-2021 school year.

Parent/Legal Guardian Signature

Date

Snowflake High School Athletic Director Signature

Date

