

# NOWATA HIGH SCHOOL

707 West Osage  
Nowata, Ok 74048  
Principal, Bron Williams (918)273-2221

## Insurance Verification Form

I, \_\_\_\_\_ hereby give permission for my student athlete,  
\_\_\_\_\_ to participate in school athletics without the purchase of  
school sponsored insurance.

In doing so, I affirm that I have adequate insurance coverage for my student  
athlete as indicated below, and that I will accept full responsibility in the event an  
athletic injury occurs. I further state that I will not hold the Nowata School District  
liable in case of injury to my athlete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

