

**INSURANCE WAIVER  
EAST CLINTON LOCAL SCHOOLS  
ATHLETIC DEPARTMENT**

To: Athletic Department, East Clinton Local Schools

We the undersigned parents/guardians of: \_\_\_\_\_

certify that we have adequate and sufficient insurance with \_\_\_\_\_

that will pay the medical expense that result from any injury, major and minor, that the above named

student may receive as a result of practicing or performing (list all sports) \_\_\_\_\_

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at East Clinton Local Schools. This insurance will also cover the above named student while traveling to and from practices and/or performances.

Since we the parents/guardians of the above named student, have an insurance policy which will provide adequate financial coverage for any type of athletic related injury or injuries or whatever might result therefrom, we, the parents/guardians agree to accept full responsibility and agree to release the East Clinton Local Schools Board of Education and all of its employees from any obligations that pertain or may pertain to financial responsibility in these matters for the \_\_\_\_\_ school year, or for any period thereafter.

\_\_\_\_\_  
Print Name

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Signature of Parent or Guardian

\_\_\_\_\_  
Date