

Hilliard City School District

Travel Permit, Insurance Verification Form & Risk Acknowledgement Statement

PARENT'S TRAVEL PERMIT

I hereby give my consent for _____ to travel to and from athletic events
(Name of Athlete)
scheduled by the Hilliard City School District's Athletic Departments. I understand that department policy will be to provide transportation by school bus, but in the event a bus is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (parents of athletes or coaches), and they cannot be held responsible for any accident or injury that might occur.

Date

Signature of Parent or Guardian

INSURANCE VERIFICATION

We, the parents or guardians of _____ have insurance with

(Name of Insurance Company)

(Policy Number)

that will pay the medical or surgical expenses that results from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics at any school in the Hilliard City School District. This insurance will also cover the above-named student while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student, have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we the parents or guardians agree to release the Hilliard City School District or any part thereof, from any obligations as pertains to financial responsibility in these matters for the 2005/2006 school year or any period of time thereafter.

Date

Signature of Parent or Guardian

NOTE: TO PARTICIPATE IN AN EXTRA-CURRICULAR SPORT, AN ATHLETE MUST PROVIDE PROOF OF INSURANCE. IF NEEDED, INSURANCE MAY BE PURCHASED THROUGH THE SCHOOL. PROOF OF PURCHASE MUST BE PROVIDED BEFORE ATHLETE MAY PARTICIPATE.

RISK ACKNOWLEDGEMENT STATEMENT

All interscholastic sport activities have within them certain inherent dangers.

The mere nature of the sports activities makes it possible for the participant to sustain injuries; some of which could result in paralysis or even death.

By signing this form, the participant and their parents/guardians are acknowledging that they understand and accept the risks inherent within this sports activity.

Sport: _____

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____