

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

880 South Lemon, Walnut, California 91789 (909) 595-1261 Fax:(909) 598-7282

DISCLOSURE OF INFORMATION OF RISK
AND RELEASE FROM LIABILITY

I (We) am (are) informed and fully understand that my (our) Child, _____
_____, is participating in a summer athletic program at Walnut High School.

I am (We are) further informed and fully understand that my (our) child's participation in such a program has some element of risk in regard to physical injury. Participation involves strenuous exercise, some physical contact, and other situations in which there may be an element of risk in regard to physical injury.

In consideration of my (our) child's participation, I (We) hereby release and hold harmless the Walnut Valley Unified School District, its officers, employees and agents from any and all liability that may occur as a result of his/her participation in the 2018 summer athletic program at Walnut High School.

Date: _____ Parent Signature: _____

Student Signature: _____

INSURANCE

State laws and C.I.F, Bylaws require that. in order to participate in any athletic activity, the student must be insured as per the following guideline:

- (a) at least \$1,500 Insurance protection for Medical and Hospital expenses in case of accident or Injury.
- (b) Large deductible in excess of \$100 deductible does not fulfill the legal requirements for participation.

I certify that _____ is covered by valid Insurance which meets or exceeds the above requirements.

Name of Insurance Co: _____ Policy #: _____

Parent Signature: _____

If you do not have personal health/accident insurance you may purchase Meyer-Stevens Insurance for this activity. Obtain these forms from the Athletic Director's Office.