

PROOF OF INSURANCE

WAVIER OF INSURANCE

This memorandum of insurance is to certify that an athletic insurance plan has been provided and offered to us through the HUSD with Nationwide Life Insurance Company (www.StudentInsurance-kk.com). We are aware of the school insurance that is offered but have chosen to use our own insurance company. **PLEASE NOTE:** Students must have insurance in order to participate in athletics in the Humboldt Unified School District.

Company _____ **Policy Number

Parent/Guardian Signature _____ Date _____

SCHOOL INSURANCE

We have elected to buy school insurance offered by HUSD through Nationwide Life Insurance Company at www.Studentinsurance-kk.com. We have completed the insurance requested and **will provide proof of coverage to the Athletic Office**. We have elected to purchase:

- | | |
|---|--|
| <input type="checkbox"/> 24-Hour Accident | <input type="checkbox"/> High School Football (Spring & Summer only) |
| <input type="checkbox"/> 24-Hour Accident (Summer only) | <input type="checkbox"/> At-School Accident |
| <input type="checkbox"/> High School Football (Football only) | <input type="checkbox"/> High School Football and At School Accident |
| <input type="checkbox"/> High School Football and 24- hour Accident
(Covers all Athletics) | (Covers all Athletics) |

Parent/Guardian _____ Date _____

ATHLETIC INFORMED CONSENT

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity may involve the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of the rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I/We acknowledge that (I/We have read and understand this warning), and we agree to hold Bradshaw Mountain High School and the Humboldt Unified School District harmless should an accident or injury occur.

Parent/Guardian _____ Date _____