

**MARSHALL PUBLIC SCHOOLS
INSURANCE WAIVER**

I am aware that the school district does not provide health insurance for my son/daughter while at school, or while participating in athletics. I am also aware that the district makes available at my cost a health insurance plan that would cover my son/daughter. However, we/I decline the school offered program and take full responsibility for his/her accident insurance while at school, or a school related activity.

ATHLETE'S NAME

SPORT

PARENT/GUARDIAN SIGNATURE

DATE

OPTIONAL:

In case of injury my son/daughter is covered by:

INSURANCE COMPANY _____

GROUP/INDIVIDUAL POLICY# _____