

Putnam County School System Athletics Insurance Waiver Form

Pursuant to Putnam County School Board Policy 3.601, I attest that I have been offered an insurance policy through the school system and I have chosen not to purchase the insurance. I am willing to accept all financial responsibilities related to participation in the sports program and any injury my child sustains as a result. This includes injury sustained in traveling to and from any athletic event including practice or meeting or other team event sponsored by the school.

Team(s): _____

Student Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____