

WARNING AND ASSUMPTION OF RISK

I am aware playing or practicing in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in sports include, but are not limited to bumps, bruises, scratches, broken bones, strains, cuts requiring stitches, serious injury to joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system; serious head, neck and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; and serious injury or impairment to other aspects of my child's body, general health, and well-being. I understand that the dangers and risks of playing or practicing in any interscholastic sport to include football, swimming, cross country, bowling, soccer, tennis, golf, volleyball, basketball, wrestling, track, baseball, softball and cheerleading/dance team may result not only in serious injury, but in serious impairment of my child's future physical and mental abilities. Because of the dangers in participating in the above sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc...and agree to obey such instructions. In consideration of Northwest High School permitting my child to try out for an athletic squad and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in the sport(s), I hereby assume all risk associated with participation.

I do understand that football, volleyball, wrestling, baseball, softball, soccer, cheerleading and basketball are contact sports involving even greater risk. I hereby agree to all the above and consent to allow my child to participate and play.

X _____ X _____ X _____ X _____
PRINTED Parent/Guardian Name Signature of Parent/Guardian PRINTED Students Name Signature of Students Name Date

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SCHOOL TRIP WAIVER FORM

The students who participate in the scheduled activities for their sport on the given dates including practices, as well as any rescheduled dates, as per the schedule provided by their coach, will be transported either by: *School or Chartered Bus, Leased Van, or Private Passenger Vehicle*

The described vehicle will be covered by adequate liability and/or trip insurance (Board of Education Policy 1383 – Pupil Transportation – Private Vehicles). Reasonable precautions will be taken to provide for the pupil's safety.

We request that X _____ be transported as stated above and grant our permission for he/she to participate in the activity indicated. We relieve and absolve the Wichita Public Schools of any responsibility other than that stated above.

X _____
Signature of Parent or Lawful Custodian **Date**

PUPIL TRANSPORTATION – PRIVATE VEHICLES

The voluntary use of private vehicles to provide transportation for students to and from school sponsored and approved activities is occasionally the only way transportation can be arranged for the activity. In this event, Board of Education policy specifies that certain requirements must be met for the safety and protection of both the driver and the students riding as passengers in the private passenger vehicle.

The following items must be guaranteed to be true statements:

I am the owner of the volunteered private passenger vehicle, or I have proper permission to use the volunteered passenger vehicle.

I certify that the volunteered passenger vehicle is roadworthy.

I am familiar with and obey all laws governing the use of a passenger vehicle.

I understand that the school district's insurance does **NOT** cover my vehicle. My automobile insurance will be the primary coverage for any loss, and the school district's liability insurance is available after the limits under my automobile insurance have been exhausted.

Furthermore, I understand the Kansas Automobile Reparations Act states that when two or more insurers are required to pay personal injury protection benefits, "The primary personal injury coverage shall be provided by the policy covering the motor vehicle occupied by the injured person at the time of the accident." KSA 40-3109(b)(1).

The passenger vehicle is insured per Kansas Law, KSA 40-3107€

Bodily Injury \$25,000 per person / \$50,000 per accident; Property Damage \$10,000 per accident; Personal Injury Protection \$4,500 per person

If you are legally an adult (age 18) AND are the named insured on an insurance policy you have purchased, only your signature is required. If both of these conditions are not met, your parent or legal guardian must also sign the form.

X _____ X _____
Signature of Driver **Date** **Signature of Parent or Guardian**

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INSURANCE COVERAGE

The undersigned hereby acknowledges that insurance is not provided by the KSHSAA nor USD259 for the first \$3,500 of medical care expenses for any one accident/injury. Select the appropriate box below:

____ I/We have additional family medical insurance (**Insurance Company:** _____) to help cover the first \$3,500 of medical care expenses.

____ I/We do not have family medical insurance and we are purchasing the sports plan made available by the school. I/We understand that this plan has limits that will prevent it from paying the entire \$3,500.

____ I/We do not have family medical insurance and understand that we are responsible for the first \$3,500 of medical care expenses.

Medical Authorization

In the event reasonable attempts to contact the parent/guardian are unsuccessful, I the undersigned, being the parent or legal guardian of the above named student do hereby grant to any hospital emergency center, doctor, nurse and/or paramedic authorization to give treatment to the above named student when accompanied by a teacher, coach, athletic director, or other official school personnel. Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary; permission is hereby extended to the above mentioned parties to grant same.

X _____ X _____
Signature of parent or guardian **Date** **Signature of student/athlete**