



**CLARKSVILLE COMMUNITY SCHOOL CORPORATION
ACCIDENT INSURANCE WAIVER
2018-2019**

As a parent or guardian, I understand that the Clarksville Community School Corporation has made available an accident insurance program in which my child can enroll, at my expense, and that the program is optional and limited to the coverage specified in the brochure. I realize that there is a possibility that my child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities.

I further understand that the Clarksville Community School Corporation disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc. arising out of or by virtue of an injury to my child while participating in such interscholastic competition or preparation.

I further acknowledge that my child has permission to participate in athletic activities and that he/she will be doing so without accident insurance.

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME OF PARENT/GUARDIAN

PRINTED NAME OF ATHLETE

GRADE

DATE SIGNED