

## Maquoketa Valley Athletic Insurance Waiver

Dear Parents:

In order for your son/daughter to engage in athletics at Maquoketa Valley for the **2017-2018** school year, he/she must either have insurance or your permission to play without said insurance.

If you have your own family insurance, please read the paragraph below and sign in the space provided. The bottom portion should then be returned to the coach of your son/daughter.

Thank you for your attention to this matter.

*Kevin Kudrna*  
*Eric Conner*  
*Maquoketa Valley Athletic Directors*

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My son/daughter \_\_\_\_\_ has my permission to  
*(Participant's Name)*

participate in school sponsored activities at Maquoketa Valley Community School District for the **2017-2018** school year. I understand that Maquoketa Valley CSD does not carry insurance to cover injuries sustained by my son/daughter while participating in school activities. Therefore we understand we must either secure our own insurance or be willing to assume the cost of any injuries sustained by our child.

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Student Signature)*