

Maquoketa Valley Athletic Insurance Waiver

Dear Parent(s):

In order for your son/daughter to engage in athletics at Maquoketa Valley for the **2016-2017** school year, he/she must either have this insurance or your permission to play without said insurance.

If you have your own family insurance, please read the paragraphy below and sign in the space provided and return the bottom portion of this form to the coach of your son/daughter.

Thank you for your attention to this matter.

Kevin Kudrna
Maquoketa Valley Athletic Director

My son/daughter _____ has my permission to participate
(Participant's Name)

in school sponsored activities at Maquoketa Valley Community School District for the **2016-2017** school year. I understand that Maquoketa Valley CSD does not carry insurance to cover injuries sustained by our 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)