

ATHLETIC INSURANCE WAIVER

Sheridan County School District #1 does not provide athletic insurance for students' participation in interscholastic athletics or Team Sponsored Camps. Families are expected to provide their own health insurance agree to be responsible for any medical expenses incurred. Please sign indication that your child is covered, or that you accept financial responsibility, and that Sheridan County School District #1 is not responsible for any medical expenses incurred as a result of athletic injury.

Date _____ **Signature of Parent/Guardian** _____