

## **2017-18 INSURANCE WAIVER**

STUDENT'S NAME \_\_\_\_\_ Grade \_\_\_\_\_

The undersigned parent or natural guardian of \_\_\_\_\_, a minor, hereby warrants to First Baptist Academy/First Baptist Church O'Fallon that the undersigned has secured and will maintain medical and accident insurance covering all physical damages and medical expenses which may be incurred as the result of injury to said minor by reason of his or her practice for and participation in interscholastic athletics, or after school programs during the 20\_\_-\_\_ school terms.

**ALL FBA STUDENTS MUST SUBMIT A SIGNED INSURANCE WAIVER INDICATING THAT THEY HAVE MEDICAL INSURANCE COVERAGE.**

School insurance is not available for purchase and school injuries must be covered by individual private medical coverage. Your parent or guardian **MUST** sign below indicating you have medical insurance **OR ARE ACCEPTING RESPONSIBILITY FOR COVERAGE.**

**THIS IS REQUIRED FOR ALL STUDENTS.**

This statement is made for the expressed purpose of inducing First Baptist Academy to consider said minor eligible for participation in said sports, without the necessity of payment of the usual fee for coverage under the student accident insurance program, which normally is in force to cover said injuries and damages. Further, the undersigned hereby acknowledges that said program has been explained to and understood by him or her and specifically represents that the undersigned does not desire said insurance coverage, and waives any right to make claim under such insurance program.

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of parent/ guardian