

Putnam County Middle School Athletics
Insurance Waiver Form

Pursuant to Putnam County School Board Policy 3.601 I attest that I have been offered an insurance policy through the school system and I have chosen not to purchase insurance. I am willing to accept all financial responsibilities related to participation in the sports program and any injury my child sustains as a result. This includes injury sustained in traveling to and from any athletic event including practice or meeting or any other team event sponsored by the school.

School Insurance information is available at:

http://www.algoodredskins.com/pages/Algood_Middle_School/Contents/school_accident_insurance

Team _____

Student Athlete _____

Print

Sign

Parent/Guardian _____

Print

Sign