

# **LIABILITY WAIVER AND INSURANCE STATEMENT**

I acknowledge that my child's participation in Liberty Middle School Football Program for the 2023 - 2024 Season, pre and post, may involve risks including injuries because of playing a collision sport during practice, contests, and transportation to and from contests. I assume responsibility for all risks and will be responsible for obtaining proper insurance or will be assuming ALL MEDICAL COSTS for ALL INJURIES. I indemnify and hold harmless Liberty Middle School/Newton County Schools, its trustees, officers, employees, and agents from any liability arising from or proximately caused by my child's participation in this activity. Please fill out or initial the following information.

**I acknowledge that my child has CURRENT comprehensive health insurance coverage.**

The insurance company is \_\_\_\_\_

And my policy number is (optional) \_\_\_\_\_ Effective Date \_\_\_\_\_

**OR, \_\_\_\_\_ I assume all financial responsibility in case of injury as a result of my child's involvement with Liberty Middle School's Track Program for the 2023 - 2024 Season.**

**PARTICIPANT/CHILD** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_

## **Medical Emergency Information/Contact Information**

Singing below alerts the football coaching staff of any allergies or ailments and grants this Liberty Middle School Football Coaching Staff and Agents permission to treat your child for basic first aid and provide any necessary transport.

ATHLETE \_\_\_\_\_

PARENT or GUARDIAN SIGNATURE \_\_\_\_\_

KNOWN ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN CONTACT INFO \_\_\_\_\_

2<sup>nd</sup> CONTACT: (Name and Number) \_\_\_\_\_

3<sup>rd</sup> CONTACT: (Name and Number) \_\_\_\_\_