

# FAIRLAWN ATHLETICS INSURANCE WAIVER

Athlete's Name \_\_\_\_\_

Please check one:

My son/daughter is covered by our insurance policy.

My son/daughter IS NOT covered under our insurance policy, but we have secured a separate policy that covers athletic participation.

My son/daughter is not covered by insurance.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



Please note that participation is not affected by coverage or lack thereof