

## WELLSTON CITY SCHOOLS CONFIRMATION OF INSURANCE COVERAGE/ RELEASE OF LIABILITY

As the parent/guardian of \_\_\_\_\_ we state that our son/daughter is insured against injury in athletic participation by (please check 1 or 2):

1. \_\_\_\_\_ Our personal policy with \_\_\_\_\_ insurance company. We hereby decline to accept school insurance coverage in favor of our coverage with the above stated company. We will be responsible for handling all claims against our policy (including ambulance service) in the event of injury.
  
2. \_\_\_\_\_ Have purchased school insurance through Lockard Insurance (1 S. Ohio Ave., Wellston, Ohio, 45692 740.384.2020) and it is on file with the Athletic Department.

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

\_\_\_\_\_  
Date

**Insurance coverage for all student-athletes is required for participation by the Ohio High School Athletic Association (OHSAA) and the Wellston City School District.**

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Recognizing the possibility of physical injury associated with sports activities, I hereby release, discharge, and/or otherwise indemnify the Wellston City School District, their employees, and associated personnel, including the owners of the fields and facilities utilized by the Wellston City School District, against any claim by or on behalf of my child as a result of my child's participation in the athletic programs in the Wellston City School District.

\_\_\_\_\_  
Student-Athlete Name

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

\_\_\_\_\_  
Date

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## WELLSTON CITY SCHOOLS ACKNOWLEDGEMENT OF STUDENT/PARENT ATHLETIC HANDBOOK AND BOARD REGULATIONS JHFD-R

My student's homeroom teacher is: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, acknowledge that it is my responsibility to read and discuss with my child the rules, procedures, and expectations that are explained in the Athletic Handbook and Board Regulations JHFD-R. I understand that my child will be held accountable to those expectations.

**Please check only one:**

I have read and discussed with my child these items

OR

I have already received my copy of these items and have read and discussed it with my child.

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date