

**ELIDA LOCAL SCHOOLS
WAIVER OF LIABILITY**

SCHOOL YEAR _____

Waiver of Elida Local Schools' liability for injuries sustained while participating in play or practice of school sponsored and school supervised sports either at or away from school including traveling as a group under school supervision. I understand that the supplemental student accident insurance covers costs of injuries not covered by any insurance that I have, and that by not taking this insurance, I waive all liability of Elida Local Schools.

Parent/Guardian Signature

Student Signature

Date