

**CEDAR CREEK SCHOOL
INSURANCE WAIVER**

ATHLETICS

Name of Student: _____

To Whom It May Concern:

This is to certify that my son/daughter, _____, (Please print his/her name) has my permission to train for and to participate in the athletic program at Cedar Creek School. I assume for myself full responsibility should any accident occur to him/her either in training for such activity or in game performances, or in traveling to and from various schools where this activity is carried on.

Signature: _____
(Parent)

Signature: _____
(Principal)

Signature: _____
(Coach)

Date: _____