

Option B I wish to participate in the Student Accident Plan made available by Cambrian School District.

An insurance enrollment form should accompany this form, or you can obtain one online at the Student Insurance provider website.

1. Log on to www.peinsurance.com. Under "Products", click on "Students", then click the appropriate link for a Brochure in English or Spanish. **You may also sign up online and print proof of your coverage (attach to this document) OR**
2. Print Brochure, complete and bring to your coach or teacher to forward to the insurance company with your payment.
 A copy of student's proof of insurance is attached.

Signature of Parent/Guardian

Date _____

SPORTS WARNING STATEMENT

Participating in competitive athletics may result in severe injury, including paralysis or death. Players can reduce the risk by reporting all physical problems to their coaches, following coaches' instructions regarding playing techniques, training and other team rules, etc., and agreeing to obey such instructions. Even if all these requirements are met, a serious accident may still occur.

PARENT PERMISSION

In consideration of the permission granted, we, the undersigned, hereby **RELEASE, DISCHARGE** and **HOLD HARMLESS** the Cambrian School District from all liability arising out of or in connection with the identified athletic sport/activity. The release and discharge of Cambrian School District from all liability includes any defect or alleged negligence attributed to Cambrian School District or any of its coaches, agents, instructors, teachers or any assistants supervising, directing or instructing in the athletic sport/activity. (_____) (To be initialed by the student and/or parent or guardian)

I, _____, being the parent/legal guardian of _____ (student), have read the above release. I understand and agree to its terms. I understand that all sports can involve **MANY RISKS OF INJURY** including, but not limited to, those risks outlined above.

In the event of an accident, or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

I am signing this document on my own behalf, as well as on behalf of my student athlete.

Signature of Parent/Guardian

Date