Houston Independent School District
Athletic Department
Athletic Insurance Waiver

☐ **July 2023 - June 2024 School Year** ☐ **July 2024 - June 2025 School Year**

School_____ Sport _____

Before me, the undersigned authority, a Notary Public in and for Harris County, Texas, personally appeared _____, who being by me duly sworn, upon oath say/says:

Our Names are/My name is _____, and we/I reside at _____, within the boundaries of the Houston Independent School District in Harris County, Texas. We/I am the parent or legal guardian of _____, a student attending the public schools of the Houston Independent School District. We/I have been advised that as a matter of policy the Houston Independent School District has required all students in the secondary schools who participate in interscholastic sports to participate in the personal injury insurance program of the school district. In addition, the Houston Independent School District has agreed to pay an additional premium to have all middle and high school athletes fully covered while participating in all sports. We/I further understand that HISD, as well as its Board of Trustees, its agents, and its employees, by implementing this policy and purchasing this insurance, are in no way waiving their governmental immunity from suit and are not assuming liability for any injuries, medical expenses, or damages which may arise from students' participation in athletics.

Our/My child, _____, is covered by hospitalization and accident insurance through the _____ insurance company at my place of employment, or through_____insurance company where my spouse is employed. We/I carry this coverage on our/my child in the event he/she is injured and there will be sufficient insurance to cover any expenses incurred in connection with this injury. For us/me to be required to contribute any sum of money for a duplicate insurance coverage through the school district would be of no benefit to us or to our child.

In view of the foregoing, we/I hereby waive for all purposes the necessity that our /my child, _____, be required to participate in the insurance program provided by the Houston Independent School District. We/I recognize this insurance is available; however, we/I have made a choice to see that our child is covered by insurance of our/my own choice rather than to participate in the program offered through the school district. In the event of an injury to our/my child, we/I recognize that the Houston Independent School District, its Board of Trustees, its agents, and its employees, are in no way liable for any injuries, medical expenses, or damages and will have no insurance with regard to our/my child, and we/I have made this choice of an insurance program, feeling that it is in the best interest of our/my child and of our /my family.

We/I acknowledge that we/I have had an opportunity to make this choice on behalf of child without any interference from the Board of Trustees or the administration of the Houston Independent School District, and this choice is our/my personal preference, taking into consideration all the foregoing.

Dated this _____day of _____, 20_____.

X_____ X_____

Father of _____ Mother of _____
(student's name) (student's name)

X_____

Guardian of _____
(student's name)

Subscribed and sworn to before me and by the said _____and _____, the mother and father, or legal guardian of _____, a student in the Houston Independent School District, this the _____day of _____, 20_____to certify which witness my hand and seal of office.

_____
Notary Public in and for Harris County, Texas
or School Administrator/HISD Administrator

(Notary Seal)

Original – Athletic Department Copies – Coach/Sponsor and Parent