KIMBERLY SENIOR HIGH SCHOOL

**Dominik Unger –** *Principal*
**Kirby Bright** – *Athletic Director – Dean of Students*

**141 CENTER STREET WEST**

**KIMBERLY, IDAHO 83341**
**(208) 423-4170**

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# ATHLETIC INSURANCE WAIVER

The Kimberly School District does not sell or provide any insurance coverage for participants of extracurricular activities.

Students/athletes may purchase their insurance from an outside carrier. Parents and /or guardians are strongly encouraged to purchase insurance for their son/daughter prior to any participation in extracurricular activities.

If **NO** insurance is purchased by the parents and/or guardians, the undersigned hereby agrees to hold harmless and indemnity the Kimberly School District #414 from and against any and all medical claims, but not limited to costs, attorney fees, judgments, awards, or any other cause of action as a result of his/her participation in the extracurricular activity.

We have read and understand the above statement.

_____ _____
Student's Name Extracurricular Activity

_____ _____
Parent/Guardian Signature Date

_____ _____
Coach's Signature Date