

**ACKNOWLEDGMENT OF WARNING
BY STUDENTS AND PARENTS**

I _____, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Norwood City School District that by participating in the sport of _____ I am exposing myself to the risk of serious injury including by not limited to the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment of the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. Should I choose to participate in the above sport, I hereby further acknowledge that I do so knowing and understanding the risk of serious injury that I am exposing myself to in my sport(s).

Parent/Guardian Signature

Student Signature

Date

**NORWOOD ATHLETIC DEPARTMENT
INSURANCE WAIVER FORM**

Due to the physical nature of athletics, the Norwood Athletic Department strongly recommends that your son/daughter be covered by accident insurance. The Ohio High School Athletic Association provides coverage to all athletes from \$25,000 to \$100,000. **It is strongly suggested that you have a filler policy to cover the first \$25,000.**

The school provides individual school insurance plans for those students that do not have a filler policy.

I/We have our son/daughter covered under an individual/family plan of insurance that insures him/her for all injuries in interscholastic sports, with the:

Name of Insurance Company

Name of Student

Date

Parent/Guardian Signature