

Lee County Schools Insurance Information/Waiver

Insurance Information

Name of Insurance Company _____

Address of Insurance Company _____

Group Name and Number _____

Policy or Certificate Number _____

Policy Holder _____

Effective Date _____

The Lee County Board of Education has approved the following for the 20__ - 20__ school year.

1. The Lee County Board of Education is providing limited “accident” coverage for every student at no cost to the parent. The parents insurance will still be primary with this coverage being secondary. This coverage is being provided by Mega Life and Health Insurance Company.
 2. All athletes (Middle Schools and Lee County High and Southern Lee) are covered under an All Athletic Plan with Mega Life and Health Insurance Company.
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Risk of Injury: We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Lee County Schools athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury. However, we acknowledge and understand that neither the coach nor Lee County Schools can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Release: In consideration of Lee County Schools allowing the student-athlete to participate in athletics, we agree to release and hold Lee County Schools, its athletic coaches and other staff free, harmless and indemnified from and against any and all claims, suits or cases of action arising from or out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

I've read and understand the information concerning athletic insurance for the 20__/20__ school year.

Student's Signature _____ Date _____

Parent's/Legal Guardian's Signature _____ Date _____