

# Athletic Insurance Waiver

This is to certify that \_\_\_\_\_ is covered by home accident insurance  
(student's name)  
which will cover him/her for the 2018-19 athletic seasons at Lehman High School. This will cover him/her for any injuries, which might occur during the seasons as well as any doctor's office calls or hospitalization. We therefore, assume this cost and will not expect Lehman High School to pay for them.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date