

North East Independent School District VIRGIL T. BLOSSOM ATHLETIC CENTER

Comalander Stadium Littleton Gymnasium **Baseball Stadium** Davis/Walker Aquatic Center **Tennis Center**

Soccer Stadium Piper-Bass Memorial Student Center

Athletic Director Assistant Director Assistant Director Assistant Director Jerry Comalander Jimmy Burkholder Carl Gustafson Karen Funk Aquatic Coordinator Assistant Director PE/Health David Johnson Rachel Naylor

Irl Kincaid **Tennis Coordinator**

Assistant Director

Patrick Johnson

WAIVER OF LIABILITY AND RELEASE **USE OF PERSONAL FOOTBALL HELMET FOR PRACTICES AND GAMES**

Proper execution of this waiver of liability and release by the participating student athlete's parent or guardian is an express condition of that student athlete's use of a personal football helmet for football practices and games for the North East Independent School District.

Safety of the student athlete while participating in football is one of the North East Independent School District's top priorities. To satisfy that priority, the District provides safety equipment, including a helmet, to its football players which it believes to be the most appropriate for the prevention of injury. Should the participating student athlete and the parent or guardian wish to use their own personal helmet, rather than the District-issued helmet, North East Independent School District cannot be held responsible in the event the personal helmet does not perform to the same standards as the Districtissued one. The participating student athlete and the parent or guardian must understand the risk associated with using a personal helmet for football practices and games.

In consideration of	(athlete's	<u>s name)</u> electing	to use a personal
football helmet in place of the District-i	ssued football helmet for	games and practi	ces, I hereby agree
that I, on behalf of myself, my spouse, an		(athlet	<u>e's name)</u> , my heirs,
assigns, and any other person acting on m	ny or		<i>(athlete's name)</i> 'S
behalf, hereby expressly waive, disclain	n, and release the North l	East Independent	School District, its
trustees, employees, and representatives from and against any and all claims, costs, liabilities, expenses			
and judgments related in any way to any	injury sustained by		(athlete's name)
as a result of	(athlete's name)	's use of a person	nal football helmet
rather than the District-issued helmet.	I also agree to have my	helmet recertified	d with a NOCSAE
approved certification every two years.	Verification of this recerti	fication will be pr	rovided to the head
football coach of my school no later than	the first day of practice in	August.	

PARENT OR GUARDIAN'S SIGNATURE

DATE

PARENT OR GUARDIAN'S PRINTED NAME

STUDENT ATHLETE'S NAME

SCHOOL