



Parental Insurance/Liability Waiver 2016/2017

The Blackduck School District **does not** provide any type of health or accident insurance for injuries incurred by your child at school. In order for your student to participate in any type of organized activities such as but not limited to captain’s practices, after school weight training, stage set-up, and community education programs, etc. we **must** have proof of insurance and a signed liability waiver before your student will be allowed to participate. This permission, once granted, will remain in effect for the entire school year including breaks.

STUDENT ASSURANCE SERVICES, INC. is a company that provides reasonable insurance for students involved in a variety of activities in the event that other coverage is not available. Their insurance plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, their benefits can be applied to your deductible or co-pay. Applications are on file in the Director of Community Services & Activities office. All questions regarding the coverage should be directed to Student Assurance Services, Inc., at 651-439-7098, or toll free 1-800-328-2739.

Please sign and return the information form below to the Director of Community Services & Activities Office.

Thank you,

Ryan Grow, Director of Community Services & Activities

Parent Insurance Waiver

Student’s Name: _____

We have adequate insurance to protect our son/daughter in case of an accident.

Parent’s Signature: _____

I recognize that there are certain inherent risks associated with the activities at Blackduck Public Schools and I agree that the Blackduck School District is exempt from liability for any injury or disability that might be incurred during or as a result of my or my family’s use of or presence in the facilities of Blackduck Public Schools and further release and discharge the staff of Blackduck Public Schools for injury, loss or damage arising out of my or my family’s use of or presence in the facilities of Blackduck Public Schools, whether caused by fault of myself, my family, staff of Blackduck Public Schools, or other third parties.

Student’s Signature: _____

Parent’s Signature: _____

(Required for anyone under the age of 18.)

***Photos taken during programs may be used for publicity. If you wish not to have your photo used, please inform us in writing.*