



## Eagle Ridge Athletics Insurance Form

### **OPTION 1: Insurance Policy (Personal Plan)**

I (we) hereby certify that our student(s) has/have our permission to participate in school-sponsored interscholastic athletic practice, games, and related travel and activities and that he/she is adequately covered by an accident and health and/or hospitalization insurance policy and acknowledges that Eagle Ridge Christian School functions only as a secondary insurance.

My (our) personal insurance policy is: \_\_\_\_\_

### **OPTION 2: No Insurance Policy (Required Insurance)**

I (we) don't have a personal insurance policy. I (we) acknowledge and certify that this form hereby releases and absolves Eagle Ridge Christian School its agents, and employees from all liability for injuries and related expenses incurred by the student as a result of participating in school-sponsored interscholastic athletics practice and games. I (we) agree to purchase the required minimum student/athlete insurance from K & K Insurance.

Athlete Name(s): \_\_\_\_\_

Sports Participating In: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_