

**Buckeye Trail Athletic Department
Old Washington, Ohio**

**PARENT'S REQUEST FOR INJURY PLAN EXEMPTION
(Insurance Waiver)**

As a parent of _____
who desires to engage in organized athletic activity at Buckeye Trail High School or Buckeye Trail Middle School, I hereby certify that I have carefully studied the plan provided by the school for the mutual protection of athletes in the financial risk of athletic injuries, and that I DO NOT wish my child to be a participant in the plan. (No School Insurance)

I also certify hereby that, in lieu of participation in this plan, I shall assume full financial responsibility for any athletic injury of my child requiring treatment beyond the facilities of the school, and that I shall not expect or request any financial aid from the school or any agency of it in case of such injury.

Date: _____

Signed: _____

(Parent or Guardian)