

## Health Insurance Waiver

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

### Acknowledgement of Risk:

I acknowledge that the above-named student could sustain various injuries resulting from participation in this activity. By its nature, participation in the activity includes a risk of injury which may range in severity from minor to long term catastrophic or even death.

### Responsibility for Medical Bills and Emergency Care:

I acknowledge that the St. Vrain Valley School District usually requires health insurance as a prerequisite for student participation in this activity. My student does not currently have health insurance. I am aware of the low cost student accident insurance available through [kandkinsurance.com](http://kandkinsurance.com) and have opted out of this insurance. I recognize I will be responsible for any costs associated with treatment for any injuries sustained by my student in this event, and wish to allow my student to participate in this event.

In consideration of the possibility of an accident, I consent to emergency transportation and treatment necessary in the event of injury or illness. I accept responsibility for the payment of any emergency transportation and treatment expenses as well as any subsequent medical bills.

I acknowledge that the St. Vrain Valley School District does not purchase health or accident insurance for students.

I have read and understand the conditions stated above, agree to its terms, and give permission for the student named above to participate in this event.

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

\_\_\_\_\_  
Date