



HILLSBORO CITY SCHOOL DISTRICT INSURANCE WAIVER AGREEMENT

STUDENT'S NAME _____ GRADE _____

SCHOOL YEAR _____

We the undersigned parents/guardians of _____
Certify that we have adequate and sufficient insurance coverage on our student.

The name of the Insurance Company is _____

Since we, the parents or guardians of the above student, have an insurance policy which will provide adequate financial coverage for any type of school related injury or injuries, or whatever might result thereof, we, the parents or guardians agree to accept full responsibility and agree to release the Hillsboro Local Board of Education and all it's employees from any obligation as pertains to financial responsibility in these matters for the school year listed above.

Parent/Guardian _____

Student _____

Date _____

