



**Compliance Statement for HB 1824, Youth Sports – Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness**

\_\_\_\_\_ requests the use of \_\_\_\_\_  
User Group Name Site Name

A Highline School District Facility for the following dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, a private non-profit youth sports group, verifies all *coaches*, athletes, and their parents/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3.

Attached is Proof of Insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death of one person, or at least \$100,000 due to bodily injury or death of two or more persons.

Signed:

\_\_\_\_\_  
Representative of Private Non-profit Youth Sports Group / Title Date

**\*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee.**