**Washington State FB Coaches Association INSURANCE WAIVER**

**TO:** Washington State Football Coaches Association

I, the undersigned, understand that my son:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Player)**

will be a participant in the Washington State Football Coaches Association Earl Barden 2A-1A-B All Star Classic football game. I have been informed that in the event of an injury, all players are covered by an accident insurance policy. The policy will cover up to twenty-five thousand ($25,000) dollars in expenses.

I also understand that in the event of injuries, any insurance that I carry for my son will be utilized first before the above insurance policy is drawn upon. Further, I acknowledge and agree at this point that in the event that my son needs any medical treatment, and is under the age of 18 years old, I consent to any and all necessary medical treatment that could become necessary due to his participation in the Washington State Football Coaches Association Earl Barden 2A-1A-B All Star Classic.

Further, I hereby waive any and all claims I or my son may have or may arise against the Washington State High School Football Coaches Association, the Washington State Coaches Association, the Washington Interscholastic Athletic Association, the participating coaches and any and all sponsoring or supporting companies and or individuals for injuries received by my son as a result of his participation in or preparation for the Washington State Football Coaches Association Earl Barden 2A-1A-B All Star Classic that might be in excess of any insurance carried for said game or not covered by the insurance carried for said game.

I have read the above in total and fully understand the same and agree to the terms and conditions contained therein.

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DATE Parent’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE Athlete’s Signature

INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FILL THIS FORM OUT COMPLETELY, CLEARLY AND CORRECTLY!! RETURN BY MARCH 15, 2023 VIA EMAIL OR TO:**

**East: Greg McMillan 928 S M Loop Dr. SW Quincy, WA. 98848**