

RIM OF THE WORLD UNIFIED SCHOOL DISTRICT
Rim of the World High School – P.O. Box 430 – Lake Arrowhead, CA 92352

Rim of the World Unified School District-Important Notice Concerning Accidents

Dear Parents:

THE SCHOOL DISTRICT DOES NOT PROVIDE MEDICAL, DENTAL, OR ACCIDENT INSURANCE COVERGE FOR STUDENTS – INCLUDING COVERAGE FOR INJURIES THAT OCCUR ON SCHOOL GROUNDS.

If you do not have medical, dental, or accidental insurance for your family, you should read this notice carefully. If you have any questions regarding this notice, you should see your principal.

Some families may already have insurance coverage for their children, but may desire to augment that coverage. A number of commercial plans are available. One company which provides coverage is Myers-Stevens. Forms are available at each school site.

PROOF OF INSURANCE coverage is required for participants in interscholastic sports including by not limited to baseball, basketball, cross-country, football, golf, swimming, tennis, track, and wrestling. Insurance requirements for specific sports may be obtained from your school coach or athletic director. If you desire information on Myers-Stevens, there are a number of options available that should be carefully evaluated.

If the athlete is going to us a family insurance policy, that policy must include a \$1,500 accidental death benefit.

If you desire a student insurance coverage, we suggest that you consider the benefits further described in the attached application envelop. Enrolling the students in a low-cost program will ease your financial concerns in the future should an injury occur.

REMEMBER, THE SCHOOL DISTRICT DOES NOT PROVIDE STUDENT ACCIDENT INSURANCE. YOU ARE RESPONSIBLE FOR PROVIDING COVERAGE FOR YOUR STUDENT.

Consider for your child to participate in athletic activities you must acknowledge you have read and understood this notice by signing in the space provided and returning the entire form to the Athletic Director.

Parent/Guardian Signature _____ Date _____

Waiver, Release, and Indemnity Agreement

Signed in consideration of permitting (Student) _____ to enroll in and participate in Rim High School Athletics and class instruction in any activity given by the Rim of the World Unified School District, in the village of Lake Arrowhead, County of San Bernardino, State of California opening on the ___ day of __, 20____, the Undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or cause of action in said activity or any activities incidental thereto where ever or however the same may occur and for whatever period said activities or actions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discourage or relinquish any action,, or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her heirs, said School District or any of its officers, agents, servants, or employees for any said causes of actions. IT IS THE INTENTION (student) _____(parent) _____ BY THIS DOCUMENT; TO BE EXEMPT AND RELIEVE RIM OF THE WORLD UNIFIED SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH.

The Undersigned, for him/herself, his/her heirs, executors, administrators, or assigns agree that in the event any claim for personal injury, property loss, or wrongful death shall be prosecuted against Rim of the World Unified School District he/she shall indemnify and save harmless the same injuries, property damage, or wrongful death.

The Undersigned acknowledges that he/she has read the forgoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of the following activities and has been fully aware of the legal consequences of signing this document.

<input type="checkbox"/> Badminton	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Tennis	<input type="checkbox"/> Water Polo
<input type="checkbox"/> Baseball	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Softball	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Weight Lifting
<input type="checkbox"/> basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Skiing	<input type="checkbox"/> swimming	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling

Student Name _____ Student Signature _____
Parent/Guardian Signature _____ Health Ins _____ Policy # _____