

**ASHTABULA AREA CITY SCHOOLS  
INSURANCE WAIVER**

I understand that all athletic participants for the Ashtabula Area City Schools must have accident coverage before they can participate in the athletic programs at Lakeside High School and/or Lakeside Junior High School.

I do not wish to enroll my son/daughter:

\_\_\_\_\_  
First & Last name of child

\_\_\_\_\_  
Grade

We, the undersigned, are financially responsible and liable for any injury to our child that may occur while participating in athletics connected with the Ashtabula Area City Schools. We will not hold the Ashtabula Area City Schools liable.

\_\_\_\_\_  
Parent/Guardian (1) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (2) signature

\_\_\_\_\_  
Date