

**Richmond County Board of Education  
864 Broad Street  
Augusta, GA 30901**

**MILITARY FAMILIES ONLY NEED TO FILL OUT THIS FORM**

Gentlemen:

I am the parent or legal guardian of \_\_\_\_\_, who is a student at Cross Creek High School.

I understand the school board adopted policy in August 1979, requiring all students who participate in interscholastic athletics to purchase accident insurance offered at the school. I further understand this insurance is to help defray the costs of any medical expenses my child may incur as a result of his/her participation in athletics.

I am a member/retired member of the United States Military. My military medical benefits cover my children and will cover any injuries which may occur to my child (ward) named above while participating in athletics in his/her school athletic program.

Therefore, I request a waiver of the school board requirement that I purchase accident insurance for the child named above.

In consideration for which I do hereby agree to release, covenant not to institute any suit or claim, waive, indemnify, hold harmless, release and discharge the Richmond County Board of Education, its individual members, agents, employees, and representatives, from any responsibilities of any kind whatsoever as a result of the granting of this waiver or as a result of any injuries that my child (war) may receive or sustain in the athletic program at his/her school.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_



Learning today...Leading tomorrow

The mission of the Richmond County School System is building a world-class school system through education, collaboration, and innovation.