

**TO: COUNTY BOARD OF EDUCATION OF RICHMOND COUNTY
864 BROAD STREET
AUGUSTA, GEORGIA 30901**

Gentlemen:

I am the parent(s) or legal guardian of _____

who is a student at _____ school.

I understand the school board adopted a 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 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 County Board of Education of Richmond County, 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 (ward) may receive or sustain in the athletic program at his/her school.

Yours very truly,

(Date)