



## Student/Athlete Equipment Waiver

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Sport: \_\_\_\_\_ Year: \_\_\_\_\_

Type of Equipment: \_\_\_\_\_

Brand/Model of Equipment: \_\_\_\_\_

Proper execution of this waiver of liability and release by the participating student athlete's parent or guardian is an express condition of that student athlete's use of a personal equipment for practices and/or games for the Scottsdale Unified School District.

Safety of the student athlete while participating in football is one of the Scottsdale Unified School district's top priorities. To satisfy that priority, the District provides safety equipment, including a helmet, to its football players which it believes to be the most appropriate for the prevention of injury. Should the participating student athlete and the parent or guardian wish to use their own personal helmet, rather than the District-issued helmet, Scottsdale Unified School District cannot be held responsible in the event the personal helmet does not perform to the same standards as the District-issued one. The participating student athlete and the parent or guardian must understand the risk associated with using a personal helmet for football practices and games.

In consideration of the above listed athlete electing to use a personal football helmet in place of the District-issued football helmet for games and practices, I hereby agree that I, on behalf of myself, my spouse, the athlete, my heirs, assigns, and any other person acting on my athlete's behalf, hereby expressly waive, disclaim, and release the Scottsdale Unified School District, its trustees, employees, and representatives from and against any and all claims, costs, liabilities, expenses and judgments related in any way to any injury sustained by the above athlete as a result of the athlete's use of a personal football helmet rather than the District-issued helmet. I also agree to have my helmet recertified with a NOCSAE approved certification annually. Verification of this recertification will be provided to the head football coach of my school no later than the first day of practice in August.

Parent Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Site AD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CC: Athletic Trainer  
Equipment Manager