



Klein Rams Booster Club

WAIVER OF LIABILITY AND RELEASE USE OF PERSONAL FOOTBALL HELMET FOR PRACTICES AND GAMES

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 football helmet for football practices and games for the Klein Rams Booster Club.

Safety of the athlete while participating in football is the KRBC top priority. To satisfy that priority, the KRBC 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 KRBC-issued helmet, the KRBC cannot be held responsible in the event the personal helmet does not perform to the same standards as the KRBC 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 _____ (athlete's name) electing to use a personal football helmet in place of the KRBC-issued football helmet for games and practices, I hereby agree that I, on behalf of myself, my spouse, and _____ (athlete's name), my heirs, assigns, and any other person acting on my or _____ (athlete's name)'s behalf, hereby expressly waive, disclaim, and release the Klein Rams Booster Club, 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 _____ (athlete's name) as a result of _____ (athlete's name)'s use of a personal football helmet rather than the KRBC-issued helmet. I also agree to have my helmet recertified with a NOCSAE approved certification every two years. Verification of this recertification will be provided to the KRBC no later than the first day of practice in August.

PARENT OR GUARDIAN'S PRINTED NAME _____

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____