INSURANCE WAIVER 2024-2025

(one form per family- please list all student names/grades)

Student/s Name/s: _____

Grade/s_____

The undersigned parent or natural guardian of _____, a minor, hereby warrants to First Baptist Academy/First Baptist Church O'Fallon that the undersigned has secured and will maintain medical and accident insurance covering all physical damages and medical expenses which may be incurred as the result of injury to said minor during attendance at school or by reason of his or her practice for and participation in interscholastic athletics, or after school programs during the 20__-__ school terms.

ALL FBA STUDENTS MUST SUBMIT A SIGNED INSURANCE WAIVER INDICATING THAT THEY HAVE MEDICAL INSURANCE COVERAGE.

School insurance is not available for purchase and school or extracurricular/athletic injuries must be covered by individual private medical coverage. Parent or guardian MUST sign below indicating you have medical insurance OR ARE ACCEPTING RESPONSIBILITY FOR COVERAGE. THIS IS REQUIRED FOR ALL STUDENTS.

This statement is made for the expressed purpose of inducing First Baptist Academy to consider said minor eligible for school attendance and/or participation in said sports or other activities, without the necessity of payment of the usual fee for coverage under the student accident insurance program, which normally is in force to cover said injuries and damages. By signing this form, you acknowledge that you do not desire said insurance coverage and waive any right to make claim under such insurance program.

In addition, although we will do our best to implement safe participation opportunities, there is still an inherent risk of exposure to COVID-19 in any public place where people are present. COVID-19 is an extremely contagious and dangerous virus which can lead to severe illness and/or death. By allowing your child to attend FBA. participate in optional sport opportunities/clubs/events, you agree to voluntarily assume all risks related to exposure to COVID-19.

Dated this ___ day of _____, 20___. _____

 Signature of parent/ guardian