

RYE CITY SCHOOL DISTRICT HELMET WAIVER FORM

- I hereby acknowledge that I was offered a District-owned [] helmet for my use during the _____ [YEAR] [] season. However, I have declined this offer and instead, have elected to purchase a [] helmet at my sole expense.
- I understand that in order for the District to permit me to utilize my privately purchased helmet, my helmet must bear the “meets NOCSAE standards” seal and bear the “NOCSAE” logo.
- I understand that in order for the District to permit me to utilize my privately purchased helmet in any subsequent season, I must turn in my helmet to the District each year, at a time specified by the Coach and/or Athletic Director, for the required reconditioning and recertification by a NOCSAE licensed agency.
- I understand that in order for the District to permit me to utilize my privately purchased helmet, my helmet must be properly fitted to me.
- I acknowledge that the District has the right to inspect my helmet prior to use, for items including, but not limited to, damage to the helmet shell or liner, holes, loose hardware and/or loose face masks.
- I acknowledge that the District has the right to prohibit the use of my privately purchased helmet in the event the District determines that my helmet does not meet the foregoing criteria or is otherwise deemed by the District to be unsafe and/or improper for my use. In such event, I understand that the District shall provide me with a District-owned [] helmet at no cost to me.

I understand and acknowledge that no helmet can prevent all head or neck injuries a player might receive while participating in any practice, contest or game.

I understand and acknowledge that improper or illegal use of a helmet can result in severe head or neck injuries, concussion, paralysis, or death to me and/or my opponent.

I hereby acknowledge that other than the required reconditioning and/or recertification of my helmet by the District, I remain solely responsible for my helmet, including but not limited to familiarity and compliance with applicable helmet warranty(ies), proper fitting of my helmet, remediation of any damage and/or necessary repairs, and proper care/maintenance of my helmet.

I hereby release the Rye City School District, Superintendent of Schools, individually and in his official capacity, the Board of Education of Rye City School District, its members, individually and in their official capacities, or any of the Rye City School District’s

employees, agents or independent contractors, from any liability, claim, suit, or expense including, but not limited to, negligence, for any injury or harm which may result from my use of a privately purchased [] helmet for Rye City School District.

Student Name: _____ I have carefully read and accept the above Helmet Waiver.

Student Signature: _____ Date: _____

Parent/Guardian Acknowledgment:

I have carefully read and accept the above Helmet Waiver and I acknowledge that I have discussed this Helmet Waiver with my child:

Parent(s)/Guardian(s) Signature: _____ Date: _____

PRIVATELY PURCHASED HELMET/FACE MASK

Make of helmet _____

Date helmet purchased _____

ID # _____

Expiration Date of helmet _____