



North East ISD Athletic Department  
VIRGIL T. BLOSSOM ATHLETIC CENTER

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**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 North East Independent School District.

Safety of the student athlete while participating in football is one of the North East Independent 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, North East Independent 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 \_\_\_\_\_ (*athlete's name*) 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, 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 North East Independent 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 \_\_\_\_\_ (*athlete's name*) as a result of \_\_\_\_\_ (*athlete's name*)'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 every two years. 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 OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
STUDENT ATHLETE'S NAME

\_\_\_\_\_  
SCHOOL

7/10/17