

U.S.D. #305
Parent/Guardian Consent and Insurance Coverage

Dear Parent/Guardian and Student:

This consent form is intended to alert you to the potential risks to students participating in athletics, to inform you of the limited insurance coverage provided by U.S.D. #305 (the "District") either directly or through the Kansas State High School Activity Association (KSHSAA) and therefore, to your responsibility in this area, and to enlist your commitment to help your student follow instructions from the coaches and to cooperate with all training and team rules. If you have any questions, please feel free to call your school's athletic director or principal.

We (parent/guardian and student) are aware that participation in organized athletic activities involves risks of serious injury. Because of these risks, we recognize the importance of following the coaches' instructions regarding playing techniques and training and team rules. We agree to obey such instructions. In the event of an injury, a physician's decision regarding further participation will be followed. We are also aware that it is extremely important for us to carry our own medical insurance since the District coverage and KSHSAA coverage is very limited.

Students participating in activities under the jurisdiction of KSHSAA have been provided with basic coverages beginning 8-1-17* as follows:

1. Excess Athletic Participant Legal Liability coverage: \$500,000 per occurrence.
2. Excess Catastrophic Medical Plan: \$5,000,000 max. *(\$25,000 deductible)
3. Cash Indemnity/Disability Benefit: \$500,000 max.
4. Accidental Death and Dismemberment Benefit: \$10,000 max.
5. Aggregate Catastrophic Medical/Cash Limit of Indemnity: \$5,000,000

*Subject to change; pending KSHSAA notification (4-24-17).

ATHLETIC PARTICIPANT LEGAL LIABILITY PROTECTION:

This policy provides \$500,000 (in addition to legal defense costs) of liability coverages for incidents arising out of student participation in sports events under the jurisdiction of KSHSAA. Member schools are covered for bodily injury claims for which they are liable, not including vehicle accidents. Coverage is provided for KSHSAA Group Purchasing Inc. and is excess to any other liability coverages available to the school and is **not applicable to intentional self-insurance programs and is subject to other restrictions.**

LIFETIME CATASTROPHIC ACCIDENT MEDICAL COVERAGE:

This policy provides coverage for students/athletes (grade 7-12) injured while practicing for, participating in, or **traveling by school transportation** directly to and from activities under the jurisdiction of KSHSAA. Mutual of Omaha provides this coverage for KSHSAA. **It does not cover activities outside the jurisdiction of KSHSAA. For example, a band trip to a bowl game would not be covered.** Transportation of participant students is covered **only if** it is directly to or from the covered event, authorized by the school district and is paid for or subject to reimbursement by the school.

Benefit Summary:

1. Lifetime excess medical, dental, and rehabilitative expense benefit pays reasonable and customary covered expense, up to \$5,000,000 with a lifetime benefit period, for those injuries which incur **\$25,000** in medical expenses within 2 years after the date of the accident, thus meeting the covered accident deductible of **\$25,000.**
2. \$10,000 accidental death and dismemberment benefit.
3. \$500,000 cash indemnity/disability benefit; payable as a \$100,000 lump sum then as installment payments of \$40,000 per year thereafter while the condition exists not to exceed 10 years.

We also understand that the District assumes no responsibility for any medical expenses not covered by insurance; those expenses are the responsibility of the parent/guardian.

I, the parent/guardian, have read and understand this information. I agree and consent to the participation of my student in organized athletic activities at and for _____ School during the _____ school year.

Parent/Guardian

Date

I, the student, have read and understand this information. I agree to abide by the coaches' instructions, training and team rules.

Student Athlete

Date