

WAIVER OF LIABILITY AND RELEASE USE OF PERSONAL FOOTBALL HELMET

Proper execution of this waiver of liability and release by the participating student athlete (parent or guardian, if a minor) is an express condition of that student athlete use of a personal football helmet for football practices and games for Contra Costa Community College. Safety of the student athlete while participating in football is one of the Comets 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. I understand that no helmet can prevent all head or neck injuries that I may receive while participating in football. **I agree to not use this helmet to butt, ram, and spear or otherwise use the helmet as a weapon at any time.** This is in violation of the football rules, and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to others. Should the participating student athlete and/or the parent or guardian wish to modify or use their own personal helmet (including visors), rather than the District issued helmet, Contra Costa Community College 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 football helmet for football practices and games. By electing to use a personal football helmet in place of the district-issued football helmet for games and practices, I hereby agree, that on behalf of myself, my spouse, my heirs, assigns, and any other person acting on my behalf hereby expressly waive, disclaim, and release the Contra Costa Community College District, its trustees, employees, and representatives from and against any and all claims, costs, liabilities, expenses as a result of use of a personal football helmet and/or modified helmet and/or safety equipment rather than a school-issued helmet. I also agree to have my helmet recertified with a NOCSAE approved certification every two years. Verification of this certification will be provided to the head football coach of my school no later than the first day of practice in August. I understand the risks associated with improper use/care of helmet/equipment, and will not use my helmet as a weapon at any time.

By signing my name below, I certify that I have read the above information and warnings. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the statements contained therein.

Student Signature

Date

Printed Name

Signature Parent or Guardian (if under 18 years of age)

Date

Printed Name Parent or Guardian