



*Hutto Independent School District Athletic Office
101 Chris Kelley Blvd , Hutto, TX 78634*



WAIVER OF LIABILITY AND RELEASE FOR USE OF PERSONAL FOOTBALL HELMET AND EQUIPMENT FOR PRACTICE AND GAMES

The Hutto Independent School District provides NOCSAE (National Operating Committee for Standards on Athletic Equipment) certified helmets for all junior high school and high school football players. Hutto ISD follows a recertification schedule to ensure the helmets stay in compliance with safety standards. A parent or guardian who wishes to purchase their own helmet for their athlete may do so, subject to the requirements below. All requirements must be met before an athlete will be allowed to wear a personal helmet for practice or a game. All expenses to meet the requirements below shall be paid for by the parent or guardian.

Requirements:

1. Junior high school athletes – The helmet must be rated for youth or adult
2. High school athletes – The helmet must be rated for adults
3. Purchase date must be provided: (purchase date) _____
4. NOCSAE recertification date must be provided annually
5. The helmet must be the same color as the school issued equipment

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), hereby expressly waive, disclaim, and release the Hutto 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 his/her 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 annually. Verification of this recertification will be provided to the head football coach of my athlete's school no later than the first day of practice in August. Hutto ISD is not responsible for lost or stolen personal helmets.

Parent or Guardian's Signature _____ Date : _____

Parent or Guardian's Printed Name _____ Date : _____

Student-Athlete Signature _____ Date : _____

Student-Athlete Printed Name _____ Date : _____