

Voorhees High School Athletic Department – Allan Stumpf – Director of Athletics

North Hunterdon Voorhees Regional High School District Athletic Helmet Disclaimer Form.

I hereby give my son\daughter _____, Student ID: _____
 Sport: _____ permission to wear our personal and newly purchased helmet.

The helmet must match their teammates, approved by a VHS coach and will not lead to team disunity. The new helmet must meet all certifications of the National Federation of High Schools.

I understand that participating in conjunction with the Activity named above involves the potential for injury. I acknowledge that even with the best coaching, instruction and monitoring, as well use of the most advanced protective equipment and strict observance of rules, injuries can be so severe as to result in total disability, paralysis or even death. By signing this form, I indicate that I have read and understand this warning in conjunction with the above named Activity by my own free will.

I agree to release and hold harmless the North Hunterdon-Voorhees Regional High School Board of Education and its employees and representatives (“Board”), from any and all claims, demands, actions, causes of action, costs, suits and liabilities of any kind or character whatsoever, known or unknown, suspected or unsuspected, in law or in equity, which I might hereafter have against the Board, stemming from, or in regard to, wearing my new personal helmet in conjunction with the above-named Activity and any related activities. This Release shall bind myself, son\daughter and my successors and assigns, and shall inure to the benefit of the Board.

The North Hunterdon Voorhees Regional High School District planned on providing a certified and reconditioned helmet to the athlete. However, due to the special circumstance, the parent(s) waive their rights of the NHVRHSD helmet.

Print\Signature in this box:

Date:	Print: (Must be signed by parent or guardian)⇒	
Date:	Signature: (Must be signed by parent or guardian)⇒	
Date:	Print: (Must be signed by parent or guardian)⇒	
Date:	Signature: (Must be signed by parent or guardian)⇒	
Date:	Print: (Must be signed by son or daughter) ⇒	
Date:	Signature: (Must be signed by son or daughter) ⇒	

Please provide a copy all of the paperwork for your new helmet to the Athletic Administrator’s Office. A copy of this completed form must be on file in the Athletic Administrator’s Office prior to allowing your child wearing your new personal helmet.

Dated: _____

Signature of Athletic Administrator:

APPROVED- NOT APPROVED
 Subscribed and sworn to before me
 this ___ day of ___, 20__.

 (Seal) Notary Public of New Jersey/
 Specify Other State

My Commission expires on _____, 20__