



**Waiver of Liability and Release**  
**Use of Personal Helmet for Practice and Games**

Safety of the student athlete while participating in sports is one of the Deer Valley Unified School District's top priorities. The District provides NOCSAE (National Operating Committee for Standards on Athletic Equipment) certified helmets for all high school football players. These helmets are on a scheduled recertification plan and usually have a lifespan of seven years or less. A parent/guardian who wishes their athlete to use a personal helmet may do so at their own risk with the following requirements:

- Helmet must be rated for adults and must fit properly for athlete's use
- School/District is not responsible for maintenance or care of helmet during season
- School/District is not responsible for helmets that are lost/stolen
- Parent/Guardian must show that the helmet has been purchased and/or NOCSAE recertified within the last two years of use and cannot be older than seven years
- Parent/Guardian's responsibility to have the helmet NOCSAE recertified every two years or according to the manufacturer's recommendations
- Helmet and face mask must be the same color as the school issued equipment

\_\_\_\_\_ (Printed Athlete's Name) is electing to use a personal helmet in place of a District-issued helmet for practices and games. I hereby agree, to the fullest extent permitted by law, to release, indemnify and hold harmless the Deer Valley Unified School District, its officials, officers, employees, representatives, agents, servants, or volunteers, from and against any claims, damages, or liability of any kind or nature for injury, death, or damage to personal property arising out of or in connection with providing a personal helmet, from whatever cause, including but not limited to the active or passive negligence of the District, its officials, officers, employees, representatives, agents, servants, volunteers or other activity participants.

As the parent/guardian, I understand and agree to all the information presented in this form.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

Helmet Brand/Style	Size	Year Certified/Recertified
Shoulder Pads Brand/Style	Size	Year Certified/Recertified