



Deer Valley Unified School District

PERSONAL EQUIPMENT WAIVER

Student's Name		Student's I.D. No.	
Sport		Year	
Type of Equipment	Brand of Equipment	Date of Recertification (if applicable)	
Type of Equipment	Brand of Equipment	Date of Recertification (if applicable)	
Type of Equipment	Brand of Equipment	Date of Recertification (if applicable)	

As the parent/guardian of the above student, I hereby give my child permission to use the personal equipment listed above during games and/or practices of _____ (Sport).

I understand that the equipment listed above HAS NOT been issued by any of the Athletic Departments of the Deer Valley Unified School District. I am accepting full responsibility for the proper care and upkeep of this equipment. Furthermore, I understand that Deer Valley Unified School District assumes NO responsibility for any faults of this equipment.

Signature of Parent/Guardian		Date	
Signature of Student		Date	
Signature of Athletic Trainer		Date	
Signature of School Athletic Director		Date	