

**~IMPORTANT NOTICE TO ALL PARENTS~**

**THIS FORM MUST BE READ AND SIGNED BY ALL PARENTS OR GUARDIANS OF ALL STUDENTS WHO PARTICIPATE IN OFF-SEASON SUMMER OPEN GYM AND CONDITIONING/WEIGHT TRAINING PROGRAMS ON THE PREMISES OF THE SCHOOL DISTRICT OF PALM BEACH COUNTY FOR MAY 31 – JULY 29, 2024**

**The School District of Palm Beach does not provide insurance coverage for students who are voluntarily participating in 2024 Off-Season Summer Conditioning/Weight Training and Open Gym programs.** Attendance at the Summer Off-Season Program is not a requirement for student athletes. Student participation in Off-Season or Summer Programs is totally voluntary. Schools will allow students to use the school facilities for 2024 Summer Off-Season conditioning and weightlifting as a public service. The School District is not responsible for payment of medical bills in the event that a student is injured while on public school grounds during the summer vacation months or during 2024 Summer programs on Public School grounds. **Parents are required to have in place some form of insurance to cover treatment for any injuries related to these activities.**

Parents can purchase a low-cost accident insurance policy to help cover some of the medical bills in the event of an injury sustained during off-season summer weightlifting exercise programs from *School Insurance of Florida*. Insurance applications are available online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). This policy has limitations and exclusions and may not pay 100% of all medical expenses if a student is injured and requires medical treatment. **The accident policy only covers conditioning/weightlifting and open gym activities during the summer months.** The plan DOES NOT COVER any medical treatment expenses related to injuries or re-occurrence of injuries that occur during: 1) Private sports leagues practices or competitions; 2) Organized interscholastic sports team summer practices and/or competitions organized by the School District of Palm Beach County coaches or employees. OTHER SPECIFIC POLICY EXCLUSIONS AND LIMITATIONS APPLY. PLEASE READ THE COMPLETE DISCLOSURE OF POLICY TERMS BEFORE MAKING THE DECISION TO PURCHASE ANY ACCIDENT INSURANCE PLAN. Visit [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) for more information.

This information is provided only as a public service. Insurance to protect students during summer activities may also be available through various sources such as Blue Cross/ Blue Shield, Aetna, Golden Rule Ins. Co. The School District of Palm Beach County does not endorse, mandate or profit from the sale of accident insurance. **Payment of all medical bills related to student injuries during the summer months will be sole responsibility of the student’s parents/guardians.**

**Parents/Guardians must complete and sign this form and turn it into the school’s athletic office if your child elects to participate in the Summer Off-Season Conditioning/Weight Training or Open Gym Programs conducted at the school. Please note that Parents/Guardians or Adult Students must also review and sign the appropriate School District Waiver (PBSD 2448 or 2449).**

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<b>PARENTAL ACKNOWLEDGEMENT OF STUDENT MEDICAL INSURANCE LIABILITY</b>
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**Parents Statement:** We acknowledge receipt of this notice and allow our child to participate in the Off-Season Conditioning/Weightlifting Programs at the School District of Palm Beach County schools. We agree that we will be totally responsible for payment of all medical expenses that are paid or unpaid by any insurance in the event of our child’s injury during 2024 Summer Off-Season Conditioning/Weight Training or Open Gym Programs.

We acknowledge that in the event of a student injury that could occur during any 2024 Summer Off-Season Conditioning/Weight Training programs held on the premises of the School District of Palm Beach County, we are personally responsible for paying all medical expenses due to accidental injuries.

Student’s Full Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Signature and Acknowledgement by Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_ / \_\_\_ / \_\_\_

Signature and Acknowledgement by Student: \_\_\_\_\_ Date Signed: \_\_\_ / \_\_\_ / \_\_\_

**THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL ATHLETIC OFFICE**