



## WAIVER OF LIABILITY AND RELEASE

### USE OF PERSONAL HELMET/ "GUARDIAN CAP" AND/OR SHOULDER PADS FOR PRACTICES AND GAMES

**Scott Lehnhoff**  
Director of Athletics  
210-945-6493

**David Saenz**  
Head Coach/Athletic  
Coordinator- Steele HS  
210-619-4038

**Alan Hill**  
Head Coach/Athletic  
Coordinator- Clemens HS  
210-945-6570

Proper execution of this waiver of liability and release by the participating student athlete's parent or guardian is an express condition of that student athlete's use of a personal football helmet, "Guardian Cap" and/or shoulder pads for football practices and games for the Schertz-Cibolo-Universal City Independent School District.

Safety of the student athlete while participating in football is one of the SCUC's top priorities. To satisfy that priority, the District provides safety equipment, including a helmet, to its football players which it believes to be appropriate for the prevention of injury. Should the participating student and the parent or guardian wish to use their own personal helmet, "Guardian Cap" and/or shoulder pads, rather than the District-issued equipment, SCUCISD cannot be held responsible in the event the personal equipment does not perform to the same standards as the District-issued equipment. The participating student athlete and the parent or guardian must understand the risk associated with using a personal helmet, "Guardian Cap" and/or shoulder pads for football practices and games. Any personal helmet, "Guardian Cap" and/or shoulder pads must also meet the approval of the head coach.

In consideration of \_\_\_\_\_ (*athlete's name*) electing to use a personal football helmet, "Guardian Cap" and/or shoulder pads in place of the District-issued football and \_\_\_\_\_ (*athlete's name*), my heirs, assigns, and any other person acting on my or \_\_\_\_\_ (*athlete's name*)'s behalf, hereby expressly waive, disclaim, and SCUCISD, 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 \_\_\_\_\_ (*athlete's name*)'s use of a personal football helmet and/or shoulder pads rather than the District-issued equipment. I also agree to have my helmet recertified with a NOCSAE approved certification every two years and provide additional parts for helmet maintenance. Verification of the recertification will be provided to the head football coach of my school no later than the first day of practice in August.

1060 Elbel Road,  
Schertz, TX 78154  
(210) 945-6200  
www.scuc.txed.net

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S PRINTED NAME

\_\_\_\_\_  
STUDENT ATHLETE'S NAME

\_\_\_\_\_  
NAME SCHOOL