

**Community High School**  
Bedford County, Tennessee

**PERSONAL AFFIDAVIT IN LIEU OF SCHOOL INSURANCE**

All students who participate in any school-sponsored athletic sport must have insurance or file with the principal an affidavit form that they will be responsible for payment in case of injury.

STATE OF TENNESSEE, BEDFORD COUNTY SCHOOL DISTRICT

\_\_\_\_\_ *Name of Parent/Guardian*

make oath in due form of law that I/we am/are the parent(s) or guardians of

\_\_\_\_\_ *Name of Student*

who is a student at Community School and that I/we hereby join in the application of said applicant (*Check One*):

\_\_\_\_\_ 1. To be personally

\_\_\_\_\_ 2. To have my/our insurance company

responsible for payment of any injury sustained while participating in school-sponsored sports.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

If #2 checked:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

