

Salinas Union High School District

Instruction

Exhibit #6145.21

HELMETS

I hereby acknowledge that I was offered a District-owned football helmet for my use during the _____ (year/sport) season. However I have declined this offer and instead have elected to privately purchase a helmet, at my sole expense.

I understand that in order for the District to permit me to utilize my privately purchased helmet for interscholastic competition, my helmet must bear the permanent “meets NOCSAE standards” seal and “NOCSAE” logo.

I understand that in order for the District to permit me to use my privately purchased helmet for District competition in any subsequent season, I must turn over my helmet to the District, each year, for the required reconditioning and recertification by a NOCSAE licensed agency, at a time specified by the Coach and/or Athletic Director.

I understand that in order for the District to permit me to utilize my privately purchased helmet, my helmet must be properly fitted to me.

I acknowledge that prior to my use, the District has the right to inspect my helmet for items including, but not limited to, damage to the helmet shell or liner, holes, loose hardware and/or loose facemasks.

I acknowledge that the District has the right to prohibit the use of my privately purchased helmet, in its discretion, should the District determine that my football helmet does not meet the above criteria or is otherwise deemed by the District to be unsafe and/or improper for my use. In such event, I understand that the District shall provide me with a District- owned helmet at no cost to me.

I understand and acknowledge that no helmet can prevent all head or neck injuries a player might receive while participating in any practice, contest or game.

I understand and acknowledge that improper or illegal use of a helmet can result in severe head or neck injuries, concussion, paralysis, or death to me and/or my opponent.

I understand that the District may remove me from any game, contest, practice or other activity, should I demonstrate any signs of injury, including, but not limited to, head injury or concussion.

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I hereby acknowledge that other than the required reconditioning and/or recertification of my privately purchased helmet by the District, I remain solely responsible for my privately purchased helmet, including but not limited to compliance with the applicable helmet warranty(ies), proper fitting of my helmet, remediation of any damage and/or necessary repairs, and proper care/maintenance of my helmet.

I hereby release the Salinas Union High School District, Superintendent of Schools, individually and in his/her official capacity, the Board of Education of the District, its members, individually and in their official capacities, or any of the District's employees, agents or independent contractors, from any liability, claim, suit, or expense including, but not limited to, negligence, for any injury or harm which may result from my use or purchase of a privately purchased football helmet.

Student Name: _____ I have carefully read and accept the above Helmet Waiver.

Student Signature: _____ Date: _____

Parent/Guardian Acknowledgment:

I have carefully read and accept the above Helmet Waiver and I acknowledge that I have discussed this Helmet Waiver with my child.

Parent(s)/Guardian(s) signature: _____ Date: _____