

\_\_\_\_\_ SCHOOL DISTRICT

Compliance Statement for HB 1824, Youth Sports-Head Injury Polices  
(attach to any building/facility use request form)

\_\_\_\_\_ requests the use of the \_\_\_\_\_ School  
District facilities for the following dates:

\_\_\_\_\_, a private non-profit youth sports group,  
verifies all coaches, athletes and their parent/guardian have complied with  
mandated policies for the management of concussions and head injuries as  
prescribed by HB 1824, section 2.

Attached is proof of insurance under an accident and liability policy issued  
by an insurance company authorized to do business in Washington State  
covering any injury or damage with coverage of at least \$50,000 due to  
bodily injury or death of one person or at least \$100,000 due to bodily injury  
or death of two or more persons.

Signed:

\_\_\_\_\_  
Representative of Private Non-Profit Youth Sports Group

\_\_\_\_\_(Date)

\*Note: Access to school facilities may not be granted until all requirements  
of this application are complete and approved by the school district &/or  
designee.