



## **PERSONAL FOOTBALL HELMET USE WAIVER OF LIABILITY AND RELEASE**

(For use when Student uses a personal helmet instead of a District provided helmet.)

1. The Fort Bend Independent School District (“FBISD”) provides all high school and middle school football players at each respective FBISD high school and middle school a football helmet (“School Helmet”) certified by the National Operating Committee on Standards for Athletic Equipment (“NOCSAE”) for each football season. Each School Helmet is inspected, reconditioned, and recertified on an annual basis.

2. A Personal Helmet provided by Parent/Guardian and used by Student during the current school year, including all practices, scrimmages, and games (the “Current Football Season”) may only be used according to the terms and conditions described in this document. The Student’s use of the Personal Helmet will be governed at all times, both on and off campus, by all applicable state, UIL, and FBISD policies, rules, and regulations, as well as any additional rules, regulations, and restrictions that may be imposed by FBISD (including those of the School’s head football coach).

3. Any Personal Helmet must meet all NOCSAE certification standards. The seal, “Meets NOCSAE standards” and the logo for that type of helmet must be permanently branded on the outside rear portion of the helmet, and a warning label from the manufacturer which can easily be read without removal of any decal, tape, other temporary material, or permanent part must appear on the outside lower rear portion of the helmet. If this is the first year the student is using the Personal Helmet, the Personal Helmet must have been purchased new and never have been used before in any practice, scrimmage, or game.

4. **Personal Helmet Use and Care.** Unless being removed for practices, scrimmages, games, inspection, reconditioning, recertification, or repair, Student’s Personal Helmet must remain on School property with other FBISD Helmets. Student shall not share the Personal Helmet with any other person or permit any other person to use the Personal Helmet. If Personal Helmet is malfunctioning or damaged, Student shall immediately cease use of Personal Helmet and report such malfunctioning or damage to School’s head football coach. Student shall at all times follow the instructions of the head coach, assistant coach(es), athletic trainer(s), or any other School personnel with regard to the Personal Helmet. As with School Helmets, if at any point any FBISD employee (including the School’s head football coach) determines the Personal Helmet unfit for use or otherwise improperly cared for, he/she shall have the authority to require the Student to use a School Helmet and Student shall not use the Personal Helmet. Any violation of the terms or conditions set forth may result in possession or use of the Personal Helmet being suspended or terminated, with or without prior notice, at the sole discretion of FBISD. In case of such suspension or termination, Student shall be provided a School Helmet for use.

5. **Annual Recertification.** Student shall not be permitted to use the Personal Helmet if it has not been certified for the Current Football Season (irrespective of whether it was worn previously). For each football season, Parent/Guardian must provide documentation of inspection, reconditioning, and recertification of the Personal Helmet according to the most current National Athletic Equipment Reconditioner’s Association (“NAERA”) and NOCSAE guidelines. All recertified helmets must be stamped, imprinted, or sealed with the NOCSAE recertification logo or trademark on the interior and exterior, indicating that the helmet has been reconditioned and recertified for the Current Football Season.

All School Helmets are periodically sent for inspection, reconditioning, and recertification by School. If Parent/Guardian so elects, the Personal Helmet may be sent for inspection, reconditioning, and recertification with the School Helmets, but Parent/Guardian shall remain responsible for reimbursing School for the cost of such inspection, reconditioning, and recertification. If Parent wishes to obtain an independent, third-party inspection, reconditioning, and recertification of the Personal Helmet, the company carrying out the inspection, reconditioning, and recertification must be licensed by the NOCSAE and must follow all NAERA guidelines.



6. **Loss, Theft, & Damage.** If for any reason the Personal Helmet is lost, stolen, damaged, or malfunctioning regardless of whether the Student is at fault, the Student and Parents shall be responsible for the cost of replacing or repairing Personal Helmet. Unless and until a lost, stolen, or damaged Personal Helmet is repaired or replaced with another Personal Helmet which meets the standards outlined above, Student shall use a School Helmet for all practices, scrimmages, and games.

7. **Ownership of Personal Helmet.** At the end of the Current Football Season (if the student is a graduating senior), or at any other time Student’s relationship with the School’s football team comes to an end, Student shall take and keep the Personal Helmet. If the Student leaves the Personal Helmet at the School, FBISD shall discard the personal helmet after seven (7) days written notice to the Student at the address on file with the District.

8. **Release.** To the maximum extent permitted by law, Parents and Student agree to release, waive, indemnify, hold harmless, and reimburse the Fort Bend Independent School District, its trustees, employees, representatives, and coaches from and against any and all claims, costs, liabilities, expenses (including reasonable litigation costs and attorney fees), losses, and judgments which Parent, any other parent or guardian, any sibling, Student, or any other person, firm, or corporation may have or claim to have, known or unknown, directly, indirectly, or in any way related to or arising out of the Student’s use of a Personal Helmet.

I certify that I have read, understand, and accept the above terms and conditions governing the Student’s use of a Personal Helmet for the Current Football Season.

**Student** \_\_\_\_\_  
Last Name First Name Signature Date

**School** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
Last Name First Name Signature Date

\_\_\_\_\_  
Address Phone

\_\_\_\_\_ I wish for Student’s Personal Helmet to be sent out for inspection, reconditioning, and recertification by the School with the School Helmets. I understand that by selecting this option I am responsible for reimbursing the School for the cost of such inspection, reconditioning, and recertification. If I do not select this option, I understand that I am responsible for obtaining an independent, third-party inspection, reconditioning, and recertification of Student’s Personal Helmet.

**FBISD Athletic Department Approval of Helmet:** YES NO

**FBISD Athletic Department Staff Member:** \_\_\_\_\_  
Name Signature Date

**School Year** 2024-2025