

DELAND-WELDON CUSD #57
DeLand, Illinois

STUDENT ATHLETIC INSURANCE WAIVER AND RELEASE

We, the undersigned, represent to the Board of Education of DeLand-Weldon Community Unit District No. 57, DeWitt, and Piatt Counties, Illinois, that we have obtained from our own private insurance carrier, a policy or policies of insurance providing hospital and medical coverage which will pay hospital and medical bills which might be involved in the care of the undersigned student in the event he or she might be injured while participating in the athletic programs carried on by said Board of Education. We further represent that our private insurance carrier is

(Insert name of insurance company)

and that the policy number is_____. We further represent that such policy or policies are in full force and effect, that the premiums are paid thereon and that such policy or policies will be kept in full force and effect and all premiums will be paid thereon during all times when the undersigned student is participating in athletic programs conducted by the said Board of Education. Accordingly, we and each of us elect not to be enrolled in the Athletic Program Insurance Plan offered by said Board of Education and waive our rights to be enrolled thereunder and hereby release the said Board of Education from all liability for injuries which the undersigned student might sustain while participating in the athletic programs conducted by said Board of Education.

Dated this _____ day of _____, _____.

STUDENT

SCHOOL

PARENT OR GUARDIAN

PARENT OR GUARDIAN