

# Plainfield Community Consolidated School District 202

HERITAGE GROVE MIDDLE SCHOOL  
12450 S. VAN DYKE ROAD • PLAINFIELD, IL 60544  
Tel. (815) 439-4810 • Fax: (815) 436-4661

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interscholastic Sport: \_\_\_\_\_

## INSURANCE WAIVER FORM

\_\_\_\_\_ My child (ward) is covered by a school time or 24 hour student insurance plan.

\_\_\_\_\_ My child (ward) is fully covered by my insurance and we do not wish to apply for the school insurance for sports coverage. I understand that I waive all responsibility for school insurance in the event of injury.

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

\_\_\_\_\_  
Date

## Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all recreational activities, certain risks which cannot be entirely eliminated despite due care exercised by the Heritage Grove Middle School staff in conducting such program(s).

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s) and understand that appropriate precautions are taken to protect program participants. However, I also recognize and acknowledge that there is a degree of risk, that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that Heritage Grove Middle School cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital in the event I cannot be reached, and I understand that Heritage Grove Middle School does not cover participants for any type of medical costs.

I hereby fully release and discharge Heritage Grove Middle School and its officers, agents, servants and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of my child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless School District 202 and its officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I have read this entire document, understand all of its terms, and sign it voluntarily with full knowledge of its significance.

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

\_\_\_\_\_  
Date