

Plainfield Community Consolidated School District 202
Drauden Point Middle School
1911 S. Drauden Road / Plainfield, IL. 60544
Telephone: (815) 577-4900 / Fax: (815) 439-9385

Student Name: _____ **Date:** _____

Circle Sport: Boys Basketball, Girls Basketball, Cross-Country, Boys Soccer, Girls Soccer, Track & Field, Volleyball, and Wrestling.

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 sport 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 Drauden Point 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 Drauden Point 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 or 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 Drauden Point Middle School does not cover participants for any type of medical costs.

I hereby fully release and discharge Drauden Point Middle School and offices, agents, servants, and employees from any and all claims for injuries (including death), damage, or loss 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 knowledge of its significance.

Parent/Guardian Signature: _____ Date: _____

