

Insurance Waiver Form

_____, 20____

Stewardson-Strasburg School District #5A
Shelby County, Illinois
Strasburg IL 62465

The undersigned parents of _____, being aware that Stewardson-Strasburg School District 5A requires, as a matter of general policy, that a student have health and accident/hospitalization insurance coverage as a pre-requisite to participation in interscholastic athletics, do hereby inform said Stewardson-Strasburg School District 5A that the said student is adequately covered by such insurance by the undersigned parents, and therefore, the undersigned parents do hereby elect to not participate in the insurance program offered by said School District.

In consideration of the permission granted the above named student to participate in such interscholastic athletics, the undersigned parents and the aforesaid student do hereby agree that said Stewardson-Strasburg School District 5A is released and forever acquitted from all and any claim of liabilities for injury to said student sustained by said student in the course of such interscholastic athletics, and the undersigned parents and student hereby waive any and all claims, rights and causes of action against said Stewardson-Strasburg School District 5A arising from any such injuries.

Father _____
Signature

Mother _____
Signature

Court Appointed Guardian _____
Signature

Student _____
Signature

Name of Insurance Company and Policy Number:

(Name of Insurance Company)

Policy #

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