

Insurance Waiver for Sports Participation

Student's Name _____

School Name _____

Insurance Waiver

The undersigned parent or natural guardian of _____, a minor, hereby warrants to O'fallon School District 90 that the undersigned has secured and will maintain medical and accident insurance covering all physical damages and medical expenses which may be incurred as the result of injury to said minor by reason of his or her practice for and participation in interscholastic athletics, cheerleading, and/or poms during the 20____ - ____ school terms.

This statement is made for the expressed purpose of inducing O'fallon School District 90 to consider said minor eligible for participation in said sports, without the necessity of payment of the usual fee for coverage under the student accident insurance program, which normally is in force to cover said injuries and damage. Further, the undersigned hereby acknowledges that said program has been explained to and understood by him or her and specifically represents that the undersigned does not desire said insurance coverage, and waives any right to make claim under such insurance program.

Dated this ____ day of _____, 20 ____.

Signature of Parent or guardian