



Administrative Center · 800 Game Farm Road · Yorkville, Illinois 60560 · 630-553-4382 · yl15.org

**YORKVILLE COMMUNITY UNIT SCHOOL DISTRICT 115  
2024-2025 SCHOOL YEAR  
EXTRACURRICULAR CONSENT AND WAIVER**

I give permission and authorize my/my student's participation in the Athletics and Extra Curricular Program of Yorkville Community School District 115 ("District") and its related activities (including but not limited to intra-team scrimmages).

**Acknowledgements and Assumption of Risk**

I acknowledge and understand that participation in the Extracurricular Program may involve physical activities. Such risks include, but are not limited to, close contact with other participants, physical activity, as well as competitive play and competition. I affirm that I/my student's health is good and that I/my student is fit to participate in any activities presented as part of the Extracurricular Program. I also affirm that I/my student does not suffer from, and is not under the care of a doctor for any condition that would prevent or limit my/my student's participation in the Extracurricular Program, and that I am responsible for consulting my/my student's physician before I/my student may engage in the Extracurricular Program if it may aggravate any condition that I/my student may have. I further acknowledge that my/my student's participation in the Extracurricular Program is entirely voluntary and is not required, encouraged, or directed by the District.

Further, I acknowledge and understand that, by participating, I knowingly and voluntarily assume all risks associated with my/my student's participation. I understand that these risks include potential injury, illness, allergic reaction, property damage, loss, and/or death, as well as potential exposure to COVID-19.

**Health and Safety Precautions**

I recognize the importance of complying, and agree that I/my student will fully comply with all applicable laws, policies, rules and regulations, and any school employee's instructions regarding participation in the Extracurricular Program.

**Release of Liability and Hold Harmless Agreement**

For myself or as a parent/guardian of a student who is participating in the Extracurricular Program, I recognize and acknowledge that there are certain risks of injury, illness, allergic reaction, property damage, loss, and/or death that may arise from my/my student's participation. I, and my agents, representatives, assigns, heirs, and successors hereby waive, relinquish, and hold harmless, the Board of Education of the District ("Board"), its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them,

from and against any and all claims, demands, suits, liability, and causes of actions, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, illness, allergic reaction, loss, or death, arising out of, in connection with, or in any manner related to my/my student's participation in the Extracurricular Program.

**I have carefully read this Consent and Waiver and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue the Board, its individual Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them. This Waiver is complete and signed of my own free will. I am aware that this form is a contract between myself, my student, and the Board. I further certify that I have the legal authority to sign on behalf of myself, my student, and family.**

**Health Insurance and Treatment**

In the event of a medical emergency, I authorize District personnel to seek medical attention for me/my student. In accordance with Board Policy 7:300, I confirm that one of the following is true (please check one):

- I/my student is covered by our family accident/health insurance; or
- I will provide proof of accident insurance coverage purchased through the District.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian