ISD 199 Walking Program

Please always wear your walking badge in the school!

Inver Grove Heights Middle School

Nov 3, 2025 thru Mar 27, 2026

No walking on Weekends, Holidays, or SnowDays

Buildings are closed on the following:

Fri, Nov 7 & Nov. 14	No School
Thu, Nov 27 - Fri, Nov 28	Thanksgiving Break
Mon, Dec 8	Flex Learning Day
Wed, Dec 24 - Fri, Jan 2	Winter Break
Mon, Jan 19	Martin Luther King Jr. Day
Mon, Jan 26	No School
Fri, Feb 13 - Mon, Feb 16	President's Day
Fri, Mar 6	Conferences

Where and What Time Can I Walk?

Inver Grove Heights Middle School
Nov 3, 2025 thru Mar 27, 2026
Mon-Fri, 5:30 - 8:30 pm

Hours subject to change without notice

By entering my name below I agree that I will follow these guidelines while walking at Inver Grove Heights Middle School. I understand that failure to follow these guidelines may result in my walking privileges being revoked.

1. Entrance to the school: You must enter through the Inver Grove Heights Middle School Main Entrance
2. The program is only available on days when school is in session. If Inver Grove Heights Schools or Inver Grove Heights Middle School is closed due to inclement weather or other reasons, the walking program will not be available.
3. Wear indoor shoes. Participants are encouraged to bring separate walking shoes.
4. No food, pop, sport or energy drinks are allowed while walking. Water only.
5. Do not leave your belongings unattended. We do not have an area for coats/personal items. It is your responsibility to carry these with you or lock them in your vehicle.
6. Help us keep our school clean. Do not leave garbage or trash lying around. There are waste receptacles throughout the facility.
7. Help us keep our school safe and report any suspicious activity.
8. Walk only on designated routes.

Waiver:
I hereby represent that I am in good health and may participate in rigorous physical activity and authorize School District 199 staff to secure any medical emergency treatment deemed necessary and waive and release ISD 199 and employees from any liability for injuries or damages sustained by me at the designated activity, and I understand that ISD 199 does not provide health insurance coverage for me.

_____ Print Name

_____ Address

_____ Signature

_____ Date

_____ Email

_____ Cell Phone