ISD 199 Walking Program

Please always wear your walking badge in the school!

Inver Grove Heights Middle School

December 1, 2026 - March 26, 2027

Walking open weekday evenings when school is in session.

IGHMS closed for indoor walking on:

Mon, Dec 7	Flex Learning Day
Wed, Dec 23 - Mon, Jan 4	Winter Break
Mon, Jan 18	Martin Luther King Jr. Day
Mon, Jan 25	No School
Mon, Feb 16 & Tues, Feb 16	President's Day
Wed, Mar 3 - Fri, Mar 5	Conferences

Where and What Time Can I Walk?

Inver Grove Heights Middle School

Dec 1, 2026 thru Mar 26, 2027

Mon-Fri, 5:30pm - 8:30pm

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. Wear your designated walking badge at all times when in the building.
2. You must enter through the Inver Grove Heights Middle School Main Entrance (Door 21).
3. The program is only available on days when school is in session. If Inver Grove Heights Schools are closed due to inclement weather or other reasons, the walking program will not be available.
4. Wear indoor shoes. Participants are encouraged to bring separate walking shoes for the safety of themselves and others.
5. Bring water only - no food, pop, sport or energy drinks are allowed while walking.
6. Do not leave your belongings unattended. We do not have a designated area for coats/personal items. It is your responsibility to carry these with you or lock them in your vehicle.
7. Help us keep our school clean. Do not leave garbage or trash lying around. There are waste receptacles throughout the facility.
8. Help us keep our school safe and report any suspicious activity.
9. 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