

**CIVIC MEMORIAL HIGH SCHOOL
WILBUR TRIMPE MIDDLE SCHOOL
BETHALTO, ILLINOIS**

WAIVER OF INSURANCE

We, the undersigned, being the natural parents, guardians of or persons standing in loco parentis of the student named below presently enrolled in Bethalto Community Unit School District #8, of Madison County, Illinois, hereby agree to carry health insurance on said student for the purpose of paying health care costs of any injuries or disabilities received as a result of said student participating in cheerleading, drill team, color guard, athletics, or other extra-curricular activities while a student in said district. Said activities including, but not limited to, basketball, track, baseball, tennis, football, wrestling, volleyball, softball, golf, soccer, cross country, and weight lifting.

The undersigned acknowledge the opportunity to purchase student accident insurance coverage but specifically decline the same and agree to hold said District harmless and indemnify it from any expenses or damages incurred as a result of said student participating in the aforementioned athletics, or other extra-curricular activities.

The undersigned hereby acknowledge that the District is not carrying any type of health insurance on said student. The undersigned further agree that in the event our private insurance is canceled or, for any reason, terminated, we will immediately notify the School District and make arrangements to obtain student accident insurance, which is available from a designated insurance company.

IT IS UNDERSTOOD AND AGREED THAT NO STUDENT WILL PARTICIPATE IN ATHLETICS OR OTHER EXTRA-CURRICULAR ACTIVITIES SPONSORED BY BETHALTO COMMUNITY UNIT SCHOOL DISTRICT NO. 8, UNLESS SAID STUDENT IS COVERED BY HEALTH INSURANCE.

Student Name _____

Date _____ 20 _____

Insurance Company _____

Policy Number _____

TO BE SIGNED IN THE PRESENCE OF CMHS/WTMS OFFICE PERSONNEL OR A NOTARY PUBLIC.

Parents/Persons in Loco Parentis Signature _____

Witnessed by CMHS/WTMS Personnel or Notary Public

Date _____