

REQUEST TO WAIVE INSURANCE

To: The Board of Education
Salt Fork Community Unit School District #512
Vermilion County, Illinois

The undersigned parents of _____, a student in Salt Fork Community Unit School District #512, request that medical, disability, life or other required insurance coverage for participation in athletic programs or other events(including football) conducted by the school be waived with respect to said student.

We agree to relieve and release the Salt Fork School District and school officials of any liability that might occur in the event of injury of person or property while participating in said program. In consideration of the waiver of said insurance requirement, the undersigned agree to indemnify and hold the school district and the members of the Salt Fork Board of Education thereof harmless from any claim, demand, judgment, loss or expense, including attorney fees in connection with injuries to the person or property of such student, either directly or indirectly, resulting from participation in any athletic program conducted by or under the supervision of Salt Fork Community Unit School District #512, its agents or employees.

At your request, we are to furnish satisfactory evidence of insurance coverage against such injuries or damages obtained from a source other than through the school.

Dated this _____day of _____, 20_____.

Signature of Parent/Guardian