

**WAIVER AND INSURANCE DECLARATION**

**ATHLETIC PROGRAM AT LAKE ZURICH MIDDLE SCHOOL**

We/I, the parent(s)/guardian(s) of \_\_\_\_\_,  
a participant in the co-curricular athletic programs at Lake Zurich Middle School,  
recognizes and acknowledges that there are certain risks of physical injury and we/I agree  
to assume the full risk of any injuries, including death, damages or loss which may be  
sustained as a result of participating in any and all activities connected with or associated  
with this program.

Please check the statement which applies:

\_\_\_\_\_ This student has purchased the group medical and hospitalization insurance  
offered through the school district.

\_\_\_\_\_ This student's parent/guardian maintains separate medical and hospitalization  
insurance which covers the student's participation in co-curricular athletic activities.

\_\_\_\_\_ This student's parent/guardian does not maintain separate medical and  
hospitalization insurance, but does assume full responsibility for the cost of medical  
treatment required by the student as a result of accidental injury sustained in school  
sponsored co-curricular athletic activities.

We/I agree to waive and relinquish all claims we/I may have as a result of our  
son/daughter's participation in this program against Lake Zurich Community Unit  
District 95 and its officers, agents, servants and employees.

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

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

\_\_\_\_\_  
Date