

**DECLINATION BY PARENT OR GUARDIAN OF
OPPORTUNITY TO PURCHASE INSURANCE UNDER THE SCHOOL PROGRAM
FOR PROTECTION IN ATHLETIC CONTESTS**

I, _____, a student in the Hamilton Community Consolidated School
(Student=s Name)
District No.328, Hancock County, Illinois and the undersigned constituting the parents or legally
appointed guardian, do hereby certify that _____ is protected by an insurance
(Student=s Name)
contract against loss or damage by injury in any athletic contests or practices conducted by said
school district, its agents or employees to the extent equal to or superior to the plan of insurance
offered by said school district.

The undersigned, as student, and his parents or legally appointed guardian, do hereby
waive any and all right, claims or demands that we now have or which may arise in the future for
and on behalf of said child against said school district, its agents or employees permitting partici-
pation by reason of said school district, its agents or employees permitting participation by
_____ in any athletic contests or directed by said school district, its agents
(Student=s Name)
or employees without the protection of the plan of insurance made available by said school district
to said student.

In consideration of said school district, its agents or employees permitting the above named
pupil to participate in an athletic contest, practices or contests sponsored or conducted by said
school district, its agents or employees, the undersigned do hereby agree to save said school
district and its agents or employees harmless from any loss or damage to the above named student
or the undersigned as its parents or legally appointed guardian by reason of the failure to have in
force for the protection of said child the plan of insurance for protection against loss or damage of
a child in athletic contests or practices offered by said school district.

Dated this _____ day of _____, 20_____

(PARENT OR GUARDIAN) Circle appropriate relationship

(STUDENT)

