

STUDENT'S NAME \_\_\_\_\_

**USD 231 INSURANCE WAIVER**  
**CONSENT FOR TREATMENT, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE**

I am aware that all sports/activities are dangerous and that playing or practicing in sports/activities involve MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play all sports/activities include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play all sports/activities may result not only in serious injury but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of all sports and activities, I recognize the importance of following coaches' instructions regarding playing techniques, training and other rules, etc., and to agree to obey such instructions.

That I the undersigned for an in consideration of the privilege of my undersigned dependent being able to participate in sports and organized athletic activities at and for U.S.D. 231 Schools for the school year 09 - 10 hereby covenant and agree to release and forever discharge U.S.D. 231 Schools, its agents, servants, employees and volunteer coaches and assistant coaches, the U.S.D. 231 School Board and its members, from any and all claims, demands, losses, damages, costs, expenses, and attorney's fees for injury to or death of the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of playing or participating in sports and organized athletic activities at and for U.S.D. 231 Schools.

This warning, Agreement to Obey Instructions, and Release is applicable to all sports and activities at U.S.D. 231 Schools.

Further, I \_\_\_\_\_, the (parent and) legal guardian of \_\_\_\_\_ consent to and authorize, for the school year 09 - 10, any representative of U.S.D. 231 Schools to authorize medical treatment including any necessary surgery or hospitalization, for my above-named dependent, for any injury or illness of an emergency nature they may incur while at U.S.D. 231 Schools or while participating in sports and organized athletic activities at and for U.S.D. 231 Schools by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas Statutes Annotated 65-2801 and any hospital. I am also aware that U.S.D. 231 requests and recommends that the parent or legal guardian of each student who participates in athletics and activities provide an accident insurance policy to pay the medical expenses for injuries incurred in such programs.

I agree to pay and assume all responsibility for all medical and hospital expenses and charges for my dependent, whether or not I deem such services necessary or effective.

I acknowledge and agree that U.S.D. 231 Schools are not responsible for any hospital expenses and charges that are incurred in the medical treatment or hospitalization of our dependent. A photocopy of this document shall have the same force and effect as the original.

I, the UNDERSIGNED, having read and understood the Consent for Treatment, Warning, Agreement to Obey Instructions, and the Release do agree and consent to the participation of undersigned dependent in sports and organized athletic activities at and for U.S.D. 231 Schools. I execute it voluntarily and with full knowledge of its significance.

Dated and signed at \_\_\_\_\_, Kansas this \_\_\_\_\_ day of \_\_\_\_\_,  
(City) (Date) (Month) (Year)

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Night Phone Number

\_\_\_\_\_  
Doctor's Telephone Number

\_\_\_\_\_  
Emergency Name (Other Than Parent)

\_\_\_\_\_  
Emergency Day Phone

\_\_\_\_\_  
Emergency Night Phone