

**JOHNSTON CITY COMMUNITY UNIT SCHOOL DISTRICT NO. 1
PARTICIPATION IN ATHLETICS**

_____ SCHOOL YEAR _____ GRADE _____

In accordance with the policy of Johnston City CUSD #1, an athlete and a parent or legal guardian must complete and sign this form consisting of a **RELEASE AND HOLD HARMLESS AGREEMENT**, **VERIFICATION OF INSURANCE**, and **PERMISSION TO PARTICIPATE** and submit it along with an up to date medical examination before his/her child will be allowed to participate in the district's athletic program.

RELEASE AND HOLD HARMLESS AGREEMENT

As a parent or guardian of a child who desires to participate in the Community Unit School District No.1 athletic program, I recognize and acknowledge that such participation involves certain risks of physical injury to my child. I know that these risks of injury include the possibility of death, neck and spinal injuries which could result in complete or partial paralysis of my child, brain damage, eye, dental, hearing and other head injuries, and injuries to the body's nerves, blood vessels, muscles, bones and any other organs or tissues of the body, including internal and reproductive organs.

I willingly and voluntarily agree to assume all risks of any injuries, damage or losses which I or my child may sustain as a direct or indirect result of my child's participation in the Johnston City CUSD #1 athletic program and all activities connected with and associated with the program. I understand that by my agreement I am forever waiving and foreclosing any right on the part of myself or my child to make claims or demands against the Johnston City Community Unit School District #1 on account of injuries which my child may sustain.

Accordingly, I do hereby waive and relinquish all present or future claims, known or unknown, which I may now have or which may hereafter arise, directly or indirectly, as a result of my child's participation in the Johnston City Community Unit School District #1 athletic program against such Unit and any of its officers, agents, servants or employees. This Release is intended to include any claims which may or could be now hereafter asserted by myself, my child or anyone on behalf of my child including any of my, or my child's heirs, executors or administrators.

In the event any person makes claim against the Johnston City CUSD #1 or any of its officers, agents, servants or employees on account of any claim injuries to my child, I agree to fully indemnify such Unit or its officers, agents, servants, or employees against any such claims and do therefore agree to hold such Unit School District and its officers, agents, servants or employee harmless against such claims and I will defend such claims on behalf of such Unit School District and its officers, agents, servants or employees.

VERIFICATION OF INSURANCE

As a parent or guardian of a child who wishes to participate in the Unit #1 athletic program, I do hereby acknowledge that I have been advised that the Johnston City CUSD #1 does not maintain any medical insurance which may be available to pay health care costs of any kind incurred by me or my child as a result of injuries to my child as a participant in the Unit Athletic program. I further hereby acknowledge that medical insurance is in force and effect which will pay for health care costs which may be incurred as a result of physical injuries which may be sustained by my child as a participant in the Unit #1 athletic program. I further understand and hereby acknowledge that I will cause such insurance to be maintained over the full period of time that my child is a participant in the Unit #1 athletic program. I understand that in the event that such insurance that I maintain in force and effect does not pay all health care charges as a result of physical injuries which may be sustained by my child that I may be required to pay such charges out of my own pocket and that neither the Johnston City CUSD #1 nor any of its officers, agents, servants or employees will have any obligation whatsoever to pay all or any part of such charges.

_____ is covered by _____
(Name of Student) (Name of Insurance Company)

_____ (Policy number) _____ (Signature of Parent/Guardian)

_____ (Signature of Notary)

NOTARY SEAL

PERMISSION TO PARTICIPATE

I hereby acknowledge that I have read and fully understand this form consisting of **RELEASE AND HOLD HARMLESS AGREEMENT** and **VERIFICATION OF INSURANCE** as well as the **STUDENT ATHLETE STANDARDS**. With this knowledge and understanding, I hereby give my permission for my child,

NAME OF STUDENT (LAST) (FIRST) (MIDDLE INITIAL)

to engage in interscholastic athletics in Johnston City Community Unit School District #1 and to accompany the team as a member on its out-of-town trips. I further consent to any treatment deemed necessary by any licensed physician designated by proper school authorities for any illness or injury resulting from his/her athletics participation.

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF ATHLETE: _____

DATE: _____

LEGAL RESIDENT OF PARENT/GUARDIAN: _____

PHONE: _____