



LIBERTY CHRISTIAN SCHOOL

2018/2019 School Year EXTRACURRICULAR/ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

Student Name: _____ Parent Name: _____

Address: _____

Phone (H): _____ (cell) _____

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right at Liberty Christian School. I also acknowledge that there are inherent risks associated and accompanied with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child, named above, to participate in sports and/or activities, I release and hold harmless Liberty Christian School and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability injuries or damages sustained by the individual.

I/we assume all risks incidental to the conduct of the program activities and transportation to the same and do hereby release, absolve and acquit Liberty Christian School, its supervisors, managers, coaches, sponsors, volunteers and other personnel agents, from any liability whatsoever in regard to the same, and from any claim for damages of whatever nature arising out of the activities conducted including, but not limited to, injuries received at the designated sites of activities or practices and injuries incurred while being transported to or from activities.

Permission is hereby granted for any coach, manager, leader, attendant, assistant coach to authorize first-aid, as well as such medical treatment as may be deemed appropriate by a licensed physician for any illness or injury incurred or sustained by registrant while engaged in Liberty Christian School sports/activities. I also give my permission, that if needed, Liberty Christian has the authority to send my student by ambulance to the nearest hospital.

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student at Liberty Christian School during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Co: _____ Policy #: _____

Address of Insurance Co: _____

I have completed all of the information requested above and hereby certify that I have read and agree to all the statements listed above.

(Signature of Parent or Guardian) _____ (Date) _____