

RELEASE FROM LIABILITY

Participant's Name: _____

Trip or Activity Planned: Fall Season Sports

Soccer Volleyball Cross Country

Adult Sponsor(s): Mr. Dan Cavanaugh

See current sports schedule. Parents will be notified of changes in schedule.

I, the undersigned, hereby consent for the participant named above to participate in the activity/event described above.

I certify that the participant named above is able to participate in any and all of these activities. Any medical conditions which may be relevant to a physician in the event of an emergency are listed below. If the emergency contacts listed below cannot be reached within a reasonable period of time, as determined by church/school officials, I hereby authorize the church or the adult sponsor to make emergency medical decisions for the participant. If there are any activities that I do not want the participant to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Beacon Baptist Church/Raleigh Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of North Carolina and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement which I have read and understand. This consent expires when the activity ends or in one year, whichever occurs first.

(over)

Medical conditions to be aware of: _____

Physical restrictions: _____

Food allergies: _____

Medicine/drug allergies: _____

Yes **N/A** A medication authorization form has been completed and is attached to this form for each medicine that is to be administered by or supervised by teachers/sponsors. Medications will be provided in the original, labeled container at the time of the activity. *(Medication Authorization forms are obtained in the School Office.)*

Date of last tetanus or booster: _____

I do not wish my child to participate in the following:

Emergency Contacts

Name	Relationship	Phone	Phone	Phone

Insurance Information

Company: _____

Name of Policy Holder: _____ Relationship to Participant _____

Policy Number: _____ Phone Number: _____

Authorizations

Parent/Legal Guardian Name (printed) Parent/Legal Guardian Signature Date

Parent/Legal Guardian Name (printed) Parent/Legal Guardian Signature Date

Adult Participant Signature Date