

# Adventure Christian School

## After School Sports Program Permission Form 2015-16

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Uniform: Adult  Youth  Top: \_\_\_\_\_ Adult  Youth  Shorts: \_\_\_\_\_

Sport \_\_\_\_\_

### ASSUMPTION OF RISK AND RELEASE OF LIABILITY REGARDING ATHLETIC TRAINING AND EVENT PARTICIPATION, WITH ADVENTURE CHRISTIAN SCHOOL

In consideration of the services of Adventure Christian School, their agents, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ACS"), I hereby agree to release and discharge ACS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that athletic training and event participation entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate regardless of all risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ACS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, **including any such Claims which allege negligent acts or omissions of ACS.**
4. Should ACS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover the cost of any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no known medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs, of all risks that may be created directly or indirectly, by any such medical or physical condition.
6. In the event that I file a lawsuit against ACS, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.
7. I understand that an academic standard of 2.5 needs to be maintained in order to participate in any athletic program, and that any disciplinary issues that arise on the school campus or at a school sponsored function can be cause for suspension and/or release from the sports team, at the discretion of the coach, Athletic Director, and school administration.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ACS on the basis of any claim from which I have released them herein. I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact person & phone #: \_\_\_\_\_

### PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by ACS to participate in this activity, I further agree to indemnify and hold harmless ACS from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

#### ACS use only

Uniform Number: \_\_\_\_\_ School of Origin: ACS  CCS

Physical: Yes  Date \_\_\_\_\_  Verified by: \_\_\_\_\_