

# Circle Christian School Athletic Participation Consent and Release Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/I.D.: \_\_\_\_\_

I, the undersigned parent or guardian, hereby grant consent for my child, \_\_\_\_\_, to participate in Circle Christian School Athletics.

Participation in competitive athletics may result in severe injury, including paralysis, potential mental and/or behavioral issues or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

I request and grant permission for my child to participate in the activity with full knowledge that said activity could result in injury.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Circle Christian School, Inc. (CCS), 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 the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, non-withstanding, 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.

If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event any injury, accident or illness suffered or sustained by my child, while involved with a school activity on or off campus or while in transit, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize his/her teacher, group leader or coach to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand. The original of this document will be kept on file with the Athletic Department.

Medical Conditions to be aware of: \_\_\_\_\_

My child may not participate in: \_\_\_\_\_

Telephone number(s) where I may be reached in an emergency:

Business Phones (Father): \_\_\_\_\_ (Mother) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ (Other) \_\_\_\_\_

In the event that Circle is unable to reach you during an emergency, list two adults that may be contacted on your child's behalf:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*\* The following signature must be completed in the presence of a notary.

\*\* \_\_\_\_\_  
Authorized Signature of Parent or Guardian Date

## NOTARY

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_ Personally known to me

\_\_\_ Produced a valid ID

\_\_\_\_\_  
Signature of Notary

Type of ID \_\_\_\_\_

Notary Seal: