

Adventure Christian School

After School Sports Program Permission Form

School Year: _____

First Name: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: _____ Grade: _____

Uniform Top: XS, S, M, L, XL Adult Youth Shorts: XS, S, M, L, XL Adult Youth

Sport/Activity _____

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT 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"), and for being allowed to participate in this activity, 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.
3. My participation in this activity is purely voluntary, and I elect to participate regardless of all risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ACS from any and all claims, damages, demands, or causes of action, which arise out of or are in any way connected with my participation in this activity, **including any such Claims which allege negligent acts or omissions of ACS.**
5. 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.
6. 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.
7. 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. I agree that if any portion hereof is held invalid, the remaining terms shall continue in full force and effect.
8. 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.

9. I agree to abide by all the rules and requirements of the activity. I grant ACS the right to terminate my participation in the activity if it is determined that my conduct is detrimental to the best interests of the group or violates any rule of the activity.

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.

Medical Provider: _____ Policy Number: _____

Emergency contact person & phone #:

Signature of Participant: _____ Print Name: _____

Date: _____

**CONSENT AND RELEASE ON BEHALF OF MINOR AND ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

I am the parent or legal guardian of _____ (Print minor's name) ("Minor"). I have read and understand the legal consequences of signing this document, including (a) releasing ACS from all liability on my and Minor's behalf, (b) promising not to sue on my and the Minor's behalf, and (c) assuming all risks of Minor's participation in the activity. I further agree to indemnify and hold harmless ACS from any and all claims, including attorney's fees, damages, demands, or causes of action which are brought by, or on behalf of Minor, and which arise out of or are in any way connected with such participation by Minor. I allow Minor to participate in the activity. I understand that I am responsible for Minor's obligations and acts as described in this document. I agree to be bound by the terms of this document.

Parent or Guardian: _____ Print Name: _____

Date: _____

ACS use only

Uniform Number: _____	School of Origin: ACS <input type="checkbox"/> CCS <input type="checkbox"/>
Physical: Yes <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified by: _____