

Lake Christian Academy Individual Release / Waiver Form

Complete one form for each student, player or participant (coaches, players, students, assistants, etc.) who will have access to the team area or will be involved in school activities. Only one form per person is needed. Player Other (specify) Please Print Coach Last Name First Name Initials Address Birth date E-mail Address Home Phone Work Phone City/State/Zip IN CASE OF AN EMERGENY NOTIFY: _ Name and phone number PERSONS UNDER 18: PARENTS, PLEASE COMPLETE THIS SECTION _ in consideration for the use of Lake Christian Academy's Sports/Activities Program do hereby release and waive the school, its employees, volunteers and officials from any and all liability associated with his/her participation in any activity at/representing Lake Christian Academy. This waiver and release extends to all heirs, assigns or guardians of stated child or action in his/her behalf. I, the undersigned, have read and understand the foregoing release. My child is in good health and has no physical condition that would prevent or restrict him/her from any of these activities or games. Mother's Signature Date Father's Signature Date FOLLOWING SECTION MUST BE COMPLETED I, the undersigned, in consideration for the privilege to participate do hereby release and waive said school, it's employees, volunteers and officials from any and all liability associated with my participation in any activity at/or any activity representing Lake Christian Academy. This waiver and release form extends to all heirs, assigns or guardians for myself or action in my behalf. I am in good health and have no physical condition that would prevent or restrict me from any of these activities or games. I, the undersigned, have read and understand the foregoing release.

****ALL PERSONS PARTICATING IN ANY ACTIVITY OR EVENT REPRESENTING/LOCATED AT LAKE CHRISTIAN ACADEMY WILL NEED TO HAVE THIS WAIVER FORM ON FILE IN THE BUSINESS OFFICE****

Date

Signature