

PARRISH CHARTER ACADEMY, INC.
INFORMED CONSENT AND GENERAL RELEASE FROM LIABILITY
INTERSCHOLASTIC SPORTS

Because participation in physical activities including but not limited to interscholastic sports activities (“Physical Activities”) are inherently dangerous, Parrish Charter Academy, Inc. (the “School”) requires all participants and their adult parent(s) or guardian(s) to be informed of, acknowledge, and assume all risks associated with participation in Physical Activities by signing this Informed Consent and General Release from Liability.

Acknowledgment and Assumption of Risks: I acknowledge and understand there are inherent risks and dangers associated with participating in Physical Activities which include, but are not limited to, personal injury, death, permanent disability, disfigurement, disease, sickness, and other similar dangers which could result and which my child could suffer as a consequence of his/her participation in Physical Activities. I further acknowledge and agree that the School is not the guarantor of my child's safety, cannot guarantee my child's safety, and has made no representation or warranty to me regarding my child's safety. I expressly assume any and all risks and dangers associated with my child's participation in Physical Activities and assume full responsibility and liability for any and all injury and loss resulting from such participation.

Consent and Release From Liability: For and in consideration of my child being permitted to participate in the School's Physical Activities, I hereby voluntarily release, discharge, waive, and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in Physical Activities or for any other reason. I agree to assume all risks and dangers associated with my child's participation in Physical Activities, and I hereby release and hold harmless the School, its officers, directors, employees or agents and the owners and maintainers of any facility used for the activities, its officers and agents, from and against any liability related to my child's participation in Physical Activities conducted by the School. I further agree to indemnify and hold harmless the School, its officers, directors, employees and agents for any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage sustained in connection with my child's participation in Physical Activities. I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators, and assigns.

Voluntary Participation: Fully informed and knowing of the risks, I voluntarily consent to my child participating in the School's Physical Activities. I agree to comply with all requirements of the program as established by the School.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE SCHOOL USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Medical Release: I authorize emergency medical treatment for my child should the need arise for such treatment while my child is participating in Physical Activities or otherwise under the supervision of the School. I agree to reimburse the School for any medical expenses or costs incurred by the School in connection with seeking such treatment. I agree to the release of my child's medical information to third-party medical personnel as necessary for my child to receive emergency treatment.

Is your child covered by a medical insurance plan: ____ Yes (provide information below) ____ No
All insurance information must be regularly updated if this information changes:

Name of Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Medical Conditions and Limitations

Please list any medical conditions/problems or special needs (including medications) for your child in the box below. Medications will only be administered by coaches or appropriate medical personnel in the event of an emergency.

Special Instructions/Criteria for You Child's Participation:

Please list below any special instructions for your child's participation in sports activities.

Media Release: I hereby consent for my child to be videotaped, photographed, or filmed in connection with his or her participation in sports activities conducted by the School. I give permission for the School to use my child's likeness and image in various mediums including, but not limited to, print media, bulletin boards, videos, the School's website, the School's social media pages, promotional materials, and email newsletters for marketing and/or educational purposes. Further, I convey to the School all right, title, and interest in any and all such depictions

Rules: I hereby agree that my child will abide by all rules and policies of the School and maintain all eligibility criteria for participation in sports activities.

I have read this Informed Consent and General Release from Liability and acknowledge it is a full release from liability and waiver of any and all claims on behalf of myself and my child related to my child's participation in Physical Activities as defined herein, and I am relinquishing rights by voluntarily signing this waiver.

Name of Child (print): _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Child's Signature: _____ Date: _____