

WAIVER of LIABILITY 2023-2024

Student's Name _____ **Grade** _____

I hereby waive and absolve Covenant Academy, Inc. and all divisions thereof, of any liability and responsibility of injuries, sickness, accidents, and/or acts of God incurred during participation in field trips, camps, clinics, private coaching, choreography and/or any other sports/extra-curricular club, etc., activity by my children named below. In consideration of my signed release allowing my children to participate in a Covenant Academy event, I, my heirs, executor and administration do hereby waive, release, and forever discharge any and all rights and claims for damage which I may have or which may hereinafter accrue to me against Covenant Academy, Inc. the directors, officials and staff or their respective employees, offices, agents, representatives, successors and/or assignees, for any participation in or rising out of travel to and/or from a game or activity site. In the event of injury/accident/sickness, Covenant Academy, Inc. and its officials are to contact the designated adult listed below.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Parent/Guardian Emergency Phone #

Date

MEDICAL INFORMATION

List any allergies, medical conditions, etc. (such as allergies to foods, medicines, bee stings; diabetes; asthma; epilepsy; seizures; etc.)

Symptoms _____

Treatment _____

*List any medications the student takes on a regular basis.

Student's Doctor _____ Phone _____

Insurance Co. _____ Policy # _____

Hospital Preference _____

**Please note: prescription medication needs to be checked in at the office.*