

WAIVER OF LIABILITY

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.

Child(ren) _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Parent Emergency Phone Number

Date

Does your child have any health problems that we should note? (For example: allergies to food, medicine or bee stings; diabetes; asthma; epilepsy; seizures; etc.) _____. If yes, what? _____

Treatment _____ Symptoms _____

Does student take any medication on a regular basis? _____ If yes, what? _____

Name of student's doctor _____ Phone _____

Emergency contact other than parent: _____

Relationship _____ Phone _____

My child may be released to:

Name Relationship Phone
