



SPORTS LIABILITY RELEASE AND WAIVER FORM

Child's Name: _____ Child's Date Of Birth: _____

Name of Parent/Legal Guardian: _____ Relationship to child: _____

Parent/Legal Guardian's Phone Number: (_____) _____ / (_____) _____

Emergency Contact Name & Phone Number: _____ (_____) _____

SPORTS ACTIVITY: SOCCER/ FUTBOL (to be referred to as "SPORT" in this document)

LIABILITY RELEASE:

In this Release Agreement the term "SPORT" shall include all activities, events, or services provided, arranged, organized, sponsored or authorized by a coach, coaching assistant or administrator and shall include, but is not limited to sports' practices and training, games, travel or transport to and from the sites.

In consideration of the Releasees agreeing to my child's participation in playing this sport and permitting use of their services, equipment and other facilities, and for good and other valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

_____ **(Parent/Legal Guardian Initials)** -- *I am aware of the risks, dangers and hazards associated with my child's participation in this sport and I freely accept and fully assume such risks, dangers, hazards and the possibility of personal injury, or even death, property damage or loss resulting therefrom, to include but is not limited to failure to play safely or within the limitations of a child's own abilities, negligence of other participants; AND negligence on the part of Releasees, including the failure on the part of the risks Releasees to safeguard or protect my child from the risks, dangers and hazards of this sport. I hereby agree to waive any and all claims that I have or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury, including death as a result of my child's participation in this sport due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the occupiers liability act, on the part of the Releasees, and further including the failure on the part of the Releasees to safeguard or protect my child from the risks, dangers and hazards of participating in this sport.*

_____ **(Parent/Legal Guardian Initials)** In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of my child's participation in this sport, other than what is set forth in this Release Agreement. I, in my own behalf and on behalf of my child, further agree to release and hold harmless North Tampa Christian Academy or anyone acting on its behalf either as a coach, a coaching assistant or administrator in the event of an injury to my child while participating under the supervision of the above, from any and liability whether caused by negligence or otherwise for any claim arising out of or connected with

any illness or injury (minimal or serious) that my child may incur or sustain during any event or activity associated to the event.

MEDICAL RELEASE:

_____ (Parent/Legal Guardian Initials) I, in my own behalf and on behalf of my child, authorize and acknowledge that in the event of injury or illness, North Tampa Christian Academy or anyone acting on its behalf either as a coach, coaching assistant or administrator obtain necessary medical treatment for my child and hereby release and hold harmless Releasees in the exercises of this authority. It is understood that this consent is given to encourage North Tampa Christian Academy or anyone acting on its behalf either as a coach, coaching assistant or administrator the right to exercise his/her best judgement as to requirements of such diagnosis or medical treatment. It is also understood that every possible attempt will be made to contact the parents first. Only in case of extreme emergency and failure to contact the parents/guardians/emergency contact will this apply.

_____ (Parent/Legal Guardian Initials) I represent that any medication to which my child is allergic or any medication that my child is currently taking are listed below. I agree that my child shall bring medications which my child is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications as indicated below.

Medications (if any): _____

Allergies to (if any): _____

Please select applicable statement below:

_____ I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to play competitive sports.

_____ I acknowledge that my child suffers from the following medical conditions or medical restrictions (allergies, asthma, diabetes, seizures, etc...) _____

I confirm that I have read and understand this release agreement in its entirety and fully prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, administrators, or representatives may have against the releasees. I acknowledge of my voluntary and knowing assumption of the risks involved and have signed this document voluntarily and of my own free will.

I, _____ (name of parent), as a parent or legal guardian of _____ (name of child), hereby grant the permission necessary to allow child to participate in the above event.

Signed this _____ day of _____, 20_____.

Signature of Parent or Legal Guardian: _____