

**MITCHELL ROAD CHRISTIAN ACADEMY**

**207 Mitchell Road  
Greenville, SC 29615  
Tel: (864) 268-2210  
Fax: (864) 268-3184**

[www.mitchellroadchristian.org](http://www.mitchellroadchristian.org)

**RELEASE OF LIABILITY FORM**

Name of Student \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Homebase Teacher \_\_\_\_\_

Parents Email Address \_\_\_\_\_

**PERMISSION AND RELEASE:** The undersigned hereby releases and holds harmless Mitchell Road Christian Academy (MRCA), Mitchell Road Presbyterian Church, their agents including coaches, teachers, administrators, volunteers, and parents participating in any school sponsored activity, including but not limited to after school activities, events and field trips:

1. From any and all liability for any mishap or injury to the student named herein from the time of departure to the time of return.
2. From any injury or damage resulting from the activity, mode of transportation or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property.

I further agree that any claim or dispute arising from or related to this agreement shall be settled by Christian mediation and, if necessary, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute of Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

**MEDICAL RELEASE:** In the event my child suffers a sudden illness, accident or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Phone Number \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_

**Two emergency contact names and numbers:**

First contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Second contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Mitchell Road Christian Academy may release my child to those people listed below.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature