

ATHLETICS

SPORTS RELEASE OF LIABILITY FORM



Name of Student _____

Date of Birth ____ / ____ / ____ Age _____ Grade _____ Homebase Teacher _____

Parent/Guardian Email Address _____

PERMISSION AND RELEASE: The undersigned hereby releases and hold 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 that 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 # _____ Mother's Phone # _____

Two emergency contact names and numbers:

First Contact's Name _____ Phone # _____

Second Contact's Name _____ Phone # _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Medical Insurance Company _____ Policy # _____ Group # _____

Mitchell Road Christian Academy may release my child to the following people:

Date

Parent/Guardian Signature