



## Athletic Consent & Release

### Consent

I hereby give my consent for (student) \_\_\_\_\_ to compete in sports. I authorize the student to go with, and be supervised by a representative of the school on sports related trips. In case this student becomes ill or is injured, I authorize GCS personnel to have the student treated and I authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold the school personnel responsible if efforts to contact me are unsuccessful.

I understand and accept that the school does not carry accident insurance. It is the responsibility of the family to cover any accident related expenses. All student athletes must have insurance.

I give permission for the above named student to ride in school vehicles or with a parent to practice and/or games.

### Acknowledgement of Release

I am aware that playing or practicing in any athletic event sponsored by Grace Christian School can be dangerous to the above named student's health and well-being due to the many risks of injury. These risks or dangers include but are not limited to neck and spinal damage; brain damage; injury to internal organs; damage to the muscular skeletal system; and other serious impairment to the body, general health and well-being; and even death. I also recognize that any injury associated in my participation in athletic events may impair my ability in the future to make a living, to be involved in social, business or recreational activities, or to enjoy life.

In consideration of Grace Christian School allowing me to participate in any of the school's athletics, I hereby acknowledge and assume all risks associated with participation.

I, \_\_\_\_\_, am the legal parent/guardian of the above student. I have read the statements above and understand the terms and risks described. I further understand that all athletic programs involve risk of violent contact and/or serious injury. With this understanding, I hereby consent for my child to participate in our school athletic program, and have had my child seen by a physician who has released him or her to participate without reservation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_