



Waiver and Assumption of Risk

I, _____, the Parent of _____, do voluntarily sign this waiver and assumption of risk in favor of "Trinity Christian Academy" in consideration for any or all of the following:

1. The opportunity to use facilities owned, leased, or operated by the organization, and/or
2. The opportunity to receive instruction in an activity from the organization's employees and/or volunteers, and/or
3. The opportunity to engage in the practices and games sponsored or conducted by the organization, and/or
4. The release from any and all liability of any injury, sickness, or any severity of physical harm that may happen to my child in the course of practices, games, and travel involved with any of the above.

I fully understand that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that can not be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I fully assume the risks and dangers involved as acceptable to me, and I agree to use my best judgment in undertaking these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue, and agree to indemnify and hold harmless the coaching staff and any other related entity from any claims, actions, suits, costs, expenses, damages or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damages that may arise from my child's use of the facilities or equipment or from participation in the activities or receipt of instruction.

I am a competent adult and I assume these risks of my own free will. I have read this Waiver and Assumption of Risk and I understand its terms. I understand that I am giving up substantial rights, and I acknowledge that I intend by my signature that this be a complete and unconditional release of all liability to the greatest extent by law.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____

Printed Name: _____