

MT. GREENWOOD ATHLETIC ASSOCIATION PERMISSION WAIVER

Please Print

Student's name: _____

Sport: _____ Grade : _____ (2017-2018)

Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____

Father's name: _____ cell/work number: _____

Mother's name: _____ cell/work number: _____

Email address _____

(Please list one that is checked regularly)

I/We, the parents or guardians of the above named student do hereby give my/our approval to his/her participation in the above named sport or activity under the authorization of the Mt. Greenwood Athletic Association. I/We assume all risks and hazards incidental to such participants including transportation to and from the named sport or activity.

I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Mt. Greenwood Athletic Association, Mt. Greenwood School, Mt. Greenwood Park, CHSAS, Crosswinds Church, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my son/daughter to and from the above named sport or activity for any claim arising out of an injury to my/our son/daughter, whether the result of negligence or for any other cause.

Parents should be aware that their insurance policy may not adequately cover their child when participating in this activity. They should consult with their insurance agent to determine if additional coverage is needed.

We encourage but do not require a physical exam of your son/daughter.

I/WE HAVE READ AND UNDERSTAND THE POLICY

Parent or Legal Guardian Signature: _____ Date _____