

Lexington Latin School Athletic Waiver and Release Form

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Last First

Address: _____
City State Zip

Parent or Guardian's Contact Info:

Mother Name: _____ **Work Number:** _____ **Cell:** _____

Father Name: _____ **Work Number:** _____ **Cell:** _____

Person to contact of an Emergency (other than parent):

Name: _____ **Relationship:** _____ **Cell:** _____

Name: _____ **Relationship:** _____ **Cell:** _____

Are there any health conditions of which the school should be aware? If so, please explain. _____

Does your child have any allergies? If so, please explain. _____

List any medication your child is currently taking. _____

I/We the parents/guardians of the student named above do hereby agree to make public that we will not hold Lexington Latin School (LLS), its coaches, assistants, Lexington Latin School, Ashland Avenue Baptist Church, or LexCity Church responsible for any accident or injuries that may be sustained in connection with LLS Athletics. I/We grant permission for our child to be transported to and from different venues in case of emergencies. I absolve LLS coaches, assistant coaches, Lexington Latin School, Ashland Avenue Baptist Church, or LexCity Church from any and all liability to me or my child. I understand precautions for the safety of my child to risk of severe or incapacitating injury, and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child if it should become necessary and do hereby give my consent for any medical treatment deemed necessary for the welfare of my child.

By signing this form, the student and parent/guardian acknowledge that the student's participation is wholly voluntary and to have read and understood the provision. The student and parent/guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge LLS and its coaches, staff, and employees from any and all losses, claims, demands, actions and causes of action, obligations, damages, and cost or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in LLS Athletics. The student and parent/legal guardian subscribe to the philosophy and Christian mission of LLS, and to abide by the Athletic Handbook and the Student Handbook.

I have read, understand and agree to be bound by the terms of this agreement.

Parents/Guardians Signature: _____ **Date:** _____