

St. Paul Lutheran School
**REQUEST FOR CHILD TO PARTICIPATE IN ATHLETICS AND
RELEASE AGREEMENT**

PARENT(S): THIS FORM MUST BE FILLED OUT AND RETURNED TO THE SCHOOL OFFICE BEFORE YOU CHILD WILL BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY WHICH IS PART OF THE ST. PAUL LUTHERAN SCHOOL ATHLETIC PROGRAM, INCLUDING PRACTICES AND GAME PLAY.

Student or Participant Name: _____ Age ____ Grade _____

I am requesting that my child participate in the St. Paul Lutheran School Athletic Program. In consideration of permission being granted to my child and for other valuable consideration, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement, which extends to the Board of Christian Education, the individual board members, any agents, employees, volunteers, contractors, representatives, successors, or assigns thereof, individually and in any capacity or relationship with or for any other.

My child's participation will or could subject my child to numerous dangers or risks of personal injury, even fatal, as well as other injuries or damages. I have explained these risks to my child. These risks and dangers have been considered and, relying on my own judgment, I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I certify that my child is in suitable health and capacity which allows the child's participation.

I knowingly, voluntarily and for adequate consideration release and waive, and further agree to indemnify, hold harmless and reimburse each and all of those released, from and against any claim which my child, myself, or any other parent, relative or next of kin of such child, or any other person, firm or corporation may now or hereafter have or claim to have (known or unknown, seen or unforeseen, directly or indirectly, or within or without the control of those released). for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my child's participation in such activity, or the ownership, operation, use, maintenance or control of any vehicle, equipment or goods provided or used in connection with such activity, or in any way connected with or arising out of instruction, training, emergency care, or operations incidental to such activity.

This release statement shall be construed to be as comprehensive as is allowed by law; as severable, the invalidity of any portion of which shall not affect any other portion; and shall not establish a legal or other relationship between or among those released which does not in fact exist.

I HAVE READ AND UNDERSTAND THIS RELEASE AGREEMENT.

Parent/Guardian Signature: _____ Date: _____

STUDENT ACCIDENT INSURANCE REQUIRED

ST. PAUL LUTHERAN SCHOOL DOES NOT CARRY MEDICAL OR DENTAL INSURANCE FOR STUDENTS INJURED IN ACCIDENTS ON SCHOOL PREMISES. CONSEQUENTLY, ALL STUDENTS PARTICIPATING IN THE ST. PAUL LUTHERAN SCHOOL ATHLETIC PROGRAM

ARE REQUIRED TO HAVE ACCIDENT INSURANCE, WHICH INCLUDES COVERAGE FOR HOSPITAL/FACILITY SERVICES, PHYSICIAN'S SERVICES, AND OTHER SERVICES (I. E, X-RAYS, PRESCRIPTIONS, LABORATORY TESTS, ETC.).

THE AFOREMENTIONED COVERAGE MUST BE IN FORCE BEFORE THE STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY FORM OF ATHLETIC ACTIVITY. IF YOU ALREADY HAVE SUCH COVERAGE FOR YOUR CHILD, PLEASE PROVIDE US WITH THE NAME OF YOUR INSURANCE COMPANY AND YOUR POLICY NUMBER ON THE LINES BELOW. IF YOU DO NOT HAVE INSURANCE, OR IF YOUR INSURANCE WOULD ONLY PAY A SMALL PORTION OF THE MEDICAL EXPENSES ASSOCIATED WITH A SCHOOL-RELATED ACCIDENT, WE STRONGLY RECOMMEND YOU CONSIDER ONE OR MORE OF THE STUDENT ACCIDENT INSURANCE PLANS WHICH ARE AVAILABLE THROUGH THE SCHOOL OFFICE.

Insurance Company_____Policy Number_____