



Informed Consent Awareness of Sports Injury Risk Warning and Agreement

COMPLETED AGREEMENT IS DUE ANNUALLY PRIOR TO PARTICIPATION IN ANY PRACTICE OR COMPETITION

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur.

Students and parents/guardian must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participation in sports, we (parent and player) recognize the important of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc., both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact your school athletic director or school administrator for further information.

IN CONSIDERATION FOR MY SON/DAUGHTER'S PARTICIPATION IN THE CHRISTIAN LIFE ACADEMY SPORTS PROGRAM, I FULLY RELEASE AND FOREVER DISCHARGE CHRISTIAN LIFE ACADEMY, CHRISTIAN LIFE ACADEMY SPORTS PROGRAM, THE ATHLETIC DIRECTOR, COACHES, AND THEIR RELATED ENTITIES, AND THEIR OFFICERS, DIRECTORS, INSURERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS, LIABILITY AND DAMAGES OF ANY KIND, KNOWN OR UNKNOWN, WHICH ARE RELATED IN ANY WAY TO MY SON/DAUGHTER'S PARTICIPATION IN THE SPORTS PROGRAM, INCLUDING, BUT NOT LIMITED TO, RISKS INHERENT IN PHYSICAL EXERCISE AND SPORTS ACTIVITIES, EQUIPMENT FAILURE AND NEGLIGENCE, AND CLAIMS FOR PERSONAL INJURY AND DAMAGE TO PROPERTY. I UNDERSTAND AND AGREE THAT THE ABOVE WAIVER INCLUDES, BUT IS NOT LIMITED TO, ALL MEDICAL EXPENSES AND CONSEQUENTIAL DAMAGES THAT MAY RESULT FROM PERSONAL INJURY OR DAMAGE TO PROPERTY.

I HAVE CAREFULLY READ THE INFORMATION ABOVE AND FULLY UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE. I UNDERSTAND THAT THIS IS A BINDING LEGAL DOCUMENT AND SIGN IT KNOWING THAT I ASSUME ALL RISK AND RESPONSIBILITY ASSOCIATED WITH MY SON/DAUGHTER'S PARTICIPATION.

Parent/Guardian's Signature

Print Parent/Guardian's Name

Date

Student's Signature

Print Student's Name

Date

SEND COMPLETED FORM TO THE BELOW ADDRESS PRIOR TO YOUR FIRST TEAM PRACTICE:

CLASP
2081 Bear Valley Parkway, Suite #B220
Escondido, CA 92027