

Midway Covenant Christian School

4635 Dallas Highway
Powder Springs, GA 30127
Tel: 770-590-1866
Fax: 770-422-6416

RELEASE OF LIABILITY FORM

Name of Student: _____
Social Security # of Student: _____
Date of Birth: _____
Homeroom Teacher: _____
Age: _____ Grade: _____

I am a homeschooled student: _____ Yes _____ No

Permission and Release: The undersigned hereby releases and holds harmless Midway Covenant Christian School (MCCS), Midway Presbyterian Church, their agents including coaches, teachers, administrators, volunteers and parents participating in any school sponsored athletic activity:

1. From any and all liability for any mishap or injury to the student named herein from the time of departure to the time of return.
2. From any injury or damage resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property.

I further agree that any claim or dispute arising from or related to this agreement shall be settled by Christian mediation and, if necessary, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be sole remedy for any controversy or claim arising out of this agreement and expressly waived their right to file lawsuit in any civil court against another for such disputes, except to enforce an arbitration decision.

Medical Release: In the event my child suffers a sudden illness, accident or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Fathers Name: _____ Mothers Name: _____

Fathers phone number: _____ Mothers phone Number: _____

Date Parent or Guardian signature

You have been given a copy of the **Student Athlete Handbook**. This **MUST** be read by you and your parents. Please sign below stating that you have read, understand, and **AGREE** with the handbook.

Signature of Athlete

Signature of Parent

Date

Return this two part form with all the required signatures to be eligible to participate.