

ATHLETICS PARTICIPATION FORM

2018 - 2019 SCHOOL YEAR

CONSENT TO PARTICIPATE

I hereby grant permission for my child, _____, to participate fully in all Veritas Academy athletics and related activities, including but not limited to try-outs, practices, games, matches, for which I officially register this child (and which show as a “class” under my students ParentsWeb page and on my Family Tuition Account) for the 2017-2018 school year.

ACKNOWLEDGEMENT OF RISKS

The student and parent/legal guardian recognize that participation in Veritas Academy Athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and wellbeing of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches’ instructions regarding playing techniques, training, and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student’s participation is wholly voluntary and to having read and understood this provision.

I acknowledge that with any co- and/or extra-curricular activity, there is an element of risk involved for each participant that the participant and his/her family must assume. I affirm that my child’s health is adequate and that s/he is not under a physician’s care for any known condition that bears upon his/her fitness to participate in this activity, or if such condition(s) exists, I have fully disclosed that to the Veritas Athletics Director and agreed with him and his staff on how said condition(s) will be accommodated.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge Veritas Academy and its officers, agents, attorneys, representatives and employees (collectively, the “Releasees”) from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs 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 Veritas Academy Athletics.

CONSENT TO TRAVEL & RELEASE OF LIABILITY

Consent to participate includes travel by all modes and means of transportation (e.g., private vehicles, rental vehicles, airplanes, etc.) directly related to the athletic/sport, including travel to/from events, games, practices, and related excursions. I understand that said transportation may include vehicles operated by Veritas Academy employees, parent volunteers, and others related to or contracted by the school. I agree to fully assume all risks associated with my child’s participation in the activities and related travel and hereby agree to fully release and hold harmless Veritas Academy and its employees, agents, contractors, volunteers, chaperones, and trustees from any and all liability should an injury of any kind occur to my child during—or as a result of—the sport and related travel.

VERIFICATION OF STUDENT INFORMATION & AUTHORIZATION TO SEEK EMERGENCY

MEDICAL ATTENTION

I hereby attest that I have logged in to my Veritas-provided ParentsWeb account and verified that the following web forms are up-to-date with the most current information as of the date of my signature below: Family Demographic Form, Custodial Parent Form, Emergency Contacts, Student Demographic Form, and Student Medical Information & Release Form (including verification of Insurance Carrier, Policy/ID Number, Group Number, and Preferred Local Hospital). I grant the school’s authorized representatives (coaches, staff sponsors, chaperones, et al) to have access to this child’s demographic and medical information and to seek and perform emergency medical assistance as may be deemed necessary and appropriate by them. Finally, I recognize that the school and its representatives bear responsibility for my child’s well-being only when s/he is under their direct authority and only to the extent that my child accepts and cooperates with their leadership and direction.

Parent/Guardian Signature: _____

Date: _____

Printed Name of Signor: _____