

Dayspring Christian Academy
Athletic Warning Statement & Consent to Participate

Student's Name:

Grade:

School Year:

Parent's Name:

Athletic Activity:

Risks: As a student athlete in the Dayspring Christian Academy's athletic program, I/we understand that participation in any sport can be a dangerous activity involving risks of injury. I/We understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury or impairment to other aspects of the student athlete's general health and well-being. I/We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the student athlete's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Information Sheets on Concussion/Traumatic Brain Injury and Sudden Cardiac Arrest: I/We acknowledge that I/we have received, read, and understand the information sheets on Concussion/Traumatic Brain Injury and Sudden Cardiac Arrest included in the PIAA Comprehensive Initial Pre-Participation Physical Evaluation.

Expectations: I/We agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers, and doctors concerning injury prevention and care.

Medical Care: I/We hereby grant consent to any and all health care providers designated by Dayspring Christian Academy to provide my child any necessary medical care as a result of any injury or illness.

Medical Insurance: I/We understand that Dayspring Christian Academy does not carry insurance for any student athletes and that the parent or caregiver of the student athlete is responsible for any and all medical costs associated with any injury or illness that the student athlete sustains while participating in athletic activities with Dayspring Christian Academy.

Waiver and Release: I/we hereby release, waive, discharge and covenant not to sue Dayspring Christian Academy, its Board of Directors, officers, agents, employees, and volunteers (hereafter collectively referred to as the "Released Parties") from any and all liability, claims, demands, and causes of action of any kind arising out of or relating to any loss, damage or injury, including death, that may be sustained by my child or me, or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while my child participates in athletics, or while in transit to or from athletic program, or in any place or places connected with athletic program. I/we am/are fully aware that there are risks and hazards connected with my child's participation in athletic programs, including risks and hazards that may be unknown to me.

I/we voluntarily assume full responsibility for any loss, property damage or personal injury, including death, that may be sustained by my child or me, or any loss or damage to property owned by me, as a result of allowing my child to participate in the athletic program, whether caused by the negligence of the Released Parties or otherwise.

I/we further hereby agree to indemnify and hold harmless the Released Parties and each of them, from any loss, liability, damage or costs, including but not limited to attorney's fees and any judgment, that the Released Parties may incur if my child or any other family member attempts to or does file a lawsuit against one or more of the Released Parties as a result of any personal injury or property damage or loss suffered as a result of my child's participation in the athletic program.

Participation: I/we hereby consent to allow my child to participate in Dayspring Christian Academy's athletic program, to enter the facilities connected with athletic program, and to engage in practices and games knowing that these activities involve a level of risk.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

I/WE HAVE READ THIS “ATHLETIC WARNING STATEMENT AND CONSENT TO PARTICIPATE AND I/WE FULLY UNDERSTAND THE TERMS. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP LEGAL RIGHTS BY SIGNING THIS DOCUMENT, AND I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I/WE KNOW OF THE INHERENT RISKS AND DANGERS INVOLVED IN PARTICIPATING IN THE ATHLETIC ACTIVITY AND AGREE THAT THE STUDENT VOLUNTARILY EXPOSES HIM OR HERSELF TO THOSE RISKS. THIS IS TO CERTIFY THAT I/WE, AS PARENT(S) OR LEGAL GUARDIAN(S) OF THE STUDENT, DO CONSENT AND AGREE THAT THE STUDENT CAN PARTICIPATE IN THE ATHLETIC ACTIVITY.

Signature of Student:

Name of Student (Please Print):

Date:

Signature of Parent/Legal Guardian:

Name of Parent/Legal Guardian (Please Print):

Date: