



LAKE COUNTRY CHRISTIAN SCHOOL

RECOGNITION AND ASSUMPTION OF RISK AGREEMENT FORM

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Lake Country Christian School (LCCS) athletic program. It is my understanding that participation in the activities that make up the LCCS athletic program are not without some inherent risk of injury.

As such, in consideration of my child's participation in the LCCS athletic program, I hereby release, waive, discharge and covenant not to sue Lake Country, the Athletics Department, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. Lake Country requires all student-athletes to be covered under a family primary care/major medical health insurance policy in order to participate in any practices or games. There is no supplemental insurance available to cover accidents to student-athletes.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required including transportation and accept responsibility for the cost.

Student-Athlete Signature

Parent/Guardian Signature

Date

PLEASE SIGN AND RETURN THIS PAGE