



DECATUR HERITAGE CHRISTIAN ACADEMY
ATHLETICS PARTICIPATION RELEASE

I hereby give consent for my student, _____, to participate in the Decatur Heritage Athletic Program during the 20____ - 20____ school year.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my student, _____, for any injury received while participating in any supervised school related sports activity. This authorization includes but is not limited to any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release Decatur Heritage school personnel for any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is required for participation in all organized athletic activities. I certify that my student is covered under the health and accident insurance program listed below.

Insurance: _____ Policy Number: _____

Employer: _____

DECATUR HERITAGE IS PROHIBITED BY LAW FROM PAYING ANY EXPENSE INCURRED FOR ANY ACCIDENT INVOLVING A STUDENT ON SCHOOL PROPERTY OR PARTICIPATION IN SCHOOL ACTIVITIES; AND DOES NOT PROVIDE HEALTH OR ACCIDENT INSURANCE FOR PARTICIPANTS IN ATHLETIC PROGRAMS.

In addition, I assume any expenses for liability not covered by the above named insurance policy for injury received by the above named student while participating in Decatur Heritage athletic activities. I accept full responsibility for medical and hospital expenses and any other related expenses; and do hereby hold harmless, Decatur Heritage and the Board of Trustees, their agents or assigns of responsibility for any such injury or expenses, and waive any and all claims which may arise against them. I realize that participation in organized athletics involves the potential for injury, which is inherent to result in total disability, paralysis or death.

Signature of parent/guardian: _____ Date: _____