HERITAGE CHRISTIAN SCHOOL
Extracurricular Activity Medical Release Form

Student Name: _____ Grade: _____

School Year: 2024-25

In consideration of Heritage Christian School permitting the above-named student to participate in its extracurricular activities/sports program, and to engage in all activities relating to those activities/sports, including travel, I am attesting that I know, understand and appreciate that:

All activities and sports involve the potential for injury inherent to those activities and sports. Even with competent coaching, the use of appropriate protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

I agree to indemnify and save harmless Heritage Christian School and its agents, representatives and employees from all claims, suits, actions of any nature and description for or on account of any injury, damage or liability to persons or property arising from my child's participation /or travel in an activity or sport except as may result from the sole negligence or willful misconduct of Heritage Christian School and its agents, representatives and employees.

I authorize in advance Heritage Christian School, its staff and faculty members, to obtain all medical care deemed necessary for my child while participating in an activity or sport, and authorize any licensed physician and/or medical personnel to render emergency medical treatment.

I understand that Heritage Christian School does not provide medical insurance benefits to students who choose to participate in extracurricular activities and sports. I assume financial liability for any and all expenses incurred because of an accident, injury, illness, or other unforeseen circumstances.

_____

Parent/Guardian's Signature   Date

_____

Address   Phone

_____

Insurance Company (if applicable)   Policy #

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