

**Mountain Christian School  
Sports Ministry  
Medical and Liability Release Form**

I personally agree, with my signature below, that I have read and fully understand this entire medical and liability release form, and also agree to the following. [Or as the parent(s) or legal guardian(s) of the undersigned, if that individual is under 18 years of age, to extend permission for the following items to be carried out and adhered to relating to my son/daughter's involvement with a Mountain Christian School sports activity. In such cases "my son/daughter" will be substituted for I/me/myself when referring to permissible action in the wording below.]:

- I give permission to receive medical attention, including major surgery, in the event that I am injured while playing, observing, officiating or participating in any fashion in a sports activity of Mountain Christian School (MCS) I also agree to let MCS and/or the coach(s) call or contact medical personnel in the event that I am in need of medical attention.
- I understand that the emergency contact individual(s) I have listed on this form will be notified as soon as possible in the event of an accident, illness or some other situation involving me that necessitates them being contacted.
- I release Mountain Christian School, the members of MCS and any other parties acting for MCS from any and all liability in the event that I am injured or become ill during a MCS sports event/activity.

**I further agree and understand that:**

- The rules/directives for any MCS sports are designed and put into practice for my safety and well-being.
- I am to follow all rules and directives that are conveyed to me verbally or in written form related to this sports activity. Failing to comply with these rules and directives can result in injury to myself or others and is also grounds for MCS to ban me from participating in and/or being present at future ministry events.
- I am voluntarily participating in this activity and that I am aware that due to the nature of the sports activity listed below (or any other I am involved in), that there is a certain amount of risk involved in this activity and I can become injured or ill.
- I am solely responsible for checking and maintaining any/all of my personal or borrowed equipment at all times to insure that it is operational, safe and poses no harm to myself or others because of negligence on my part.
- I am solely responsible, and am expected, to follow any and all general safety precautions, manufacturer's recommendations and safety guidelines, rules and directives from MCS to promote an additional level of safety.
- This form covers any/all times that I participate in this sports activity/event and is not limited to a specific time frame or single date/event or location (on MCS property or elsewhere). I understand that I am not to participate in an unauthorized or unscheduled sports activity on/in any property (outside, inside buildings/structures, in vehicles, etc.) belonging to MCS.

Activity: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Emergency Contact Person/(Relationship):** \_\_\_\_\_ ( \_\_\_\_\_ )

**Emergency** Phone: \_\_\_\_\_ **Any Known Allergies:** \_\_\_\_\_

**Contact** Pager: \_\_\_\_\_ \_\_\_\_\_

**Numbers:** Mobile: \_\_\_\_\_ \_\_\_\_\_

**Medical Information**

Primary Care Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_