

Assumption of Risk/ Medical Treatment Release

Student Athlete' Name: _____

Sport(s): _____

Mount Zion Christian Academy makes every effort to prevent injuries, but injuries do occur in athletics. By signing below, I understand 1) The Rules and Procedures of the sports listed above and am aware of the risks involved in playing them and the necessity of using the proper techniques and protective equipment (when needed).

I recognize that there are inherent risks in all athletic events (head and spinal cord injuries, fractures, internal injuries, etc) and hereby give permission for my son/daughter to participate in any and all interscholastic events sponsored by MZCA.

Permission is hereby granted to MZCA and its authorized representative to proceed with any needed major medical or minor surgical treatment, x-ray, examination, and immunization for the above named participant. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named individual may be given.

I hereby release MZCA school personnel, and individual members of each athletic department including, but not limited to , its coaches, certified athletic trainers, administrators, attending physicians, and all others connected with school athletic activities, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity associated with MZCA and do hereby agree to hold harmless any and all the above from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated

Parent/ Guardian Signature

Date

Home Phone Number

Work Phone Number