



Mount Zion Christian Church/Academy

3519 Fayetteville St Durham, North Carolina 27707

919.688.4245 x251 919.688.2201 (fax)

Mount Zion Christian Church/Academy Consent Form

I, the undersigned, _____ submit that my son/daughter is physically fit and able to participate in strenuous activity such as basketball football, and hereby forever waive, Mt. Zion Christian Church/Academy, and any other sponsors of the event of all responsibility for illness, injury, or death. I hereby authorize Mount Zion staff to act on my behalf in their best judgment in any emergency medical situation. I understand I am solely responsible for payment of any such medical expenses and must provide Mount Zion Christian Church/Academy with proof of medical and accident insurance. I also understand that my payment is non-refundable and non-transferable under any circumstances. I understand that any participant who does not abide by Mount Zion rules or regulations is subject to dismissal without refund or recourse. I the undersigned forever waive Mount Zion Christian Church/Academy and any of its sponsors in the event of injury, illness or death in the transporting of participants to and from events that are scheduled by Mount Zion Christian Church/Academy.

Signature of Parent or Guardian _____

Signature of Participant _____

Date _____

***It is important that this form is filled out before participants can be allowed to travel, workout or stay on the campus of Mount Zion Christian Church/Academy.**

Any participant that does not have this form will not be allowed to participate. No exceptions