

FAITH CRU

A. Student Information

Student Name: _____

Student Grade: _____

B. Permission and Release of Liability.

As the parent or legal guardian of _____, we hereby give our express permission for _____ to participate in the following programs at and conducted by Faith Lutheran School ("Faith Lutheran") in Eustis, Florida: (Please mark all that apply)

Basketball _____

Given our child's participation in the sports programs identified above, we hereby approve, consent to, and request emergency medical treatment be provided by the hospital, physician, or licensed healthcare provider for our child, if such is necessary as determined by Faith Lutheran, in Faith Lutheran's sole discretion. We expressly assume full financial responsibility, either individually or through a health insurance carrier, for any and all bills and amounts incurred in association with such emergency medical treatment.

We hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") Faith Lutheran from any and all liability and we hold Faith Lutheran harmless from any and all injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character (collectively, "Loss") which may accrue because of, arise out of, or are in any way connected with the emergency treatment referenced herein or care given or obtained by and/or through it for our child, or which may accrue because of, arise out of, or are in any way connected with our child's participation in the sports programs identified above. We understand and acknowledge that Faith Lutheran, as that term is used in this Release, includes employees, administrators, agents, volunteers, chaperones, coaches, and the Board of Education, individually and in any representative capacity, of Faith Lutheran.

Parent Signature: _____

Date: _____

Please Circle

T-shirt size

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large