

AUSTIN CHAMPIONS

CHRISTIAN HOMESCHOOL ATHLETICS

Liability Waiver and Release

Student Name _____

I hereby waive and release the Austin Champions and its coaches from any and all liability due to injuries or illnesses incurred by the student named above during Austin Champions sports practices and games, even if the injury or illness is caused by the condition of Austin Champions sport, or by the negligence or other fault of the Austin Champions and coaches.

I do hereby authorize Austin Champions staff to call an ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I/we are not immediately available. I give permission for any physician or other emergency medical personnel to provide emergency medical care at their professional discretion.

I also agree to accept responsibility for the cost of above medical services.

I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Austin Champions, organizer, sponsors, supervisors, participants and persons transporting my/our child, whether the result of negligence or any other cause, except to the extent amount covered by accident or liability insurance.

I authorize any trained medical professional at a local hospital or other facility to treat any injury or illness requiring timely treatment and considered to be in the best welfare of the minor. Neither I nor anyone else acting on behalf of the minor will have right to claim or file a lawsuit against the Austin Champions. I further acknowledge that I am unaware of any reason – physical or otherwise –that prevents the minor for whom I am responsible from participating in Austin Champions sports.

Parent (or Guardian) Signature _____

Parent (or Guardian) Signature _____

Date _____