

# Sports Participation Waiver

Incomplete applications will not be accepted  
All applications will be kept on file in the Office

### ATHLETES PERSONAL INFORMATION

First Name	M.I.	Last Name	Male/Female	Date of Birth
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### RELEASE AND ASSUMPTION OF RISK AND COST

In consideration of the opportunity to be a Zion athlete and participate in sporting activities, I, on behalf of my child, hereby agree to release, indemnify, and hold harmless Zion Lutheran School, or any facilities and their representatives that we use from any responsibility or liability for personal injury, including death, and damage to or loss of property that my child may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in a sporting activity.

I verify that I am informed that the sporting activities are coached by Wisconsin Evangelical Lutheran members, who may be school employees, caregivers, or former team members and who either volunteer their services or are employed by Zion Lutheran School.

I agree to be financially responsible for the safe return of all athletic equipment issued to my child.

In addition, I understand that Zion Lutheran School does not provide medical insurance coverage and that I must provide personal medical insurance. In the case of injury or medical emergency and in the event the participant, or their parent or caregiver, cannot respond at the time of the emergency, representatives from Zion Lutheran School have permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that I, and not Zion Lutheran School, shall be responsible for any and all charges for such health care services regardless of whether my medical insurance would cover such charges.

Furthermore, I recognize that every sporting activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which my child may incur while participating in a sporting activity.

I certify that to my knowledge there is no medical reason why my child cannot safely participate in sporting activities and I agree to abide by all Zion Lutheran School policies and applicable regulations regarding participation in a sporting activity. I will not hold Zion Lutheran School liable if an injury is the result of a pre-existing, undiagnosed medical condition. I verify that at the time of the caregiver meeting the agents of Zion Lutheran School encouraged me to have my child visit the doctor every two years for a physical examination and to ensure that my child is healthy enough for athletic competition.

**I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_