

GEORGIA CHRISTIAN ATHLETIC ASSOCIATION

(Athletic Division of the Georgia Association of Christian Schools)

Liability Waiver Form

This Liability Waiver Form must be completed, and signed by the parent or guardian for each student athlete (including cheerleaders) before participation in any GCAA athletic practice, game, activity, contest or event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the Georgia Association of Christian Schools (GACS) and its athletic division known as the Georgia Christian Athletic Association (GCAA), along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any GACS/GCAA sponsored athletic game, activity, contest or event.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless the GACS and GCAA along with its agents, employees, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the GACS and GCAA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any GACS/GCAA sponsored athletic game, activity, contest or event.

This liability waiver/release applies to the following student athlete:

STUDENT'S NAME: _____
First
Middle
Last

who is currently enrolled in the following GACS/GCAA member school:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____
Street
City
State
ZIP

This ___ day of _____, 20 ____

Parent/Guardian's Signature

Parent/Guardian's Printed Name



Bible Baptist Christian School

Athletic Permission Form

Parent:

After reading each statement, please initial the space beside the statement to indicate your agreement.

_____ We give permission for our son/daughter to participate in (*circle the appropriate sport*) **soccer, golf, volleyball, basketball, cheerleading, baseball, softball**. Participation in athletic events may increase a child's potential for injury. We understand that we are hereby releasing the school of responsibility for injury to our child in relation to transportation, practice, and participation for the above activity.

_____ We have insurance coverage for our child that covers sports injuries.

_____ We understand that Bible Baptist Christian School is not responsible for covering or providing insurance in order for our child to participate. We do have adequate hospitalization coverage for our child.

_____ We agree to support the coach and school in enforcement of discipline and practice regulations.

_____ We understand a uniform will be issued to each player. It is the student's responsibility to take care of the uniform. If the uniform is damaged due to neglect, we understand we will be billed for the replacement cost.

_____ We understand an athletic physical is required to participate in the BBCS sports program.

_____ We understand a \$125.00 participation fee will be added our school bill for each sport in which our child participates.

Parent's Signature

Date

***Bible Baptist Christian School 2780 Mount Carmel Road Hampton, Georgia 30228
770-946-4700***

