

Acknowledgement of Risk

In consideration of being allowed to participate in The Episcopal Collegiate School Athletic Program and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities which involve the risk of injury or death. The injury could be serious or catastrophic, including permanent disability.
2. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability, and/or death.

Athlete Signature

Date

Parent /Legal Guardian (signature / relationship)

Date

Release of Liability

I, as a parent or guardian of _____, hereby give permission
Student's Name

for my child to participate in The Episcopal Collegiate School Athletic Program and its related events and activities. I acknowledge the fact that he/she is participating in sports activities which could involve the risk of serious injury or death. I hereby authorize the certified athletic trainers, coaches, and other employees of Episcopal Collegiate School to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son or daughter. I hereby waive any claim that I or my child may have, now or in the future, against Episcopal Collegiate School and its employees, from any and all claims, expenses, liability, costs or fees (including attorney fees) which arise from or are related to my child's participation in the athletic program and its related events and activities.

Parent /Legal Guardian (signature / relationship)

Date

Acknowledgement of Responsibility

The Episcopal Collegiate School concession stand is open at many athletic events and revenue generated from the concession stand helps to fund the athletic program of the School. This concession stand is made possible by the work of parent volunteers. As the parent/guardian of a participating student/athlete in Lower, Middle or Upper School, I acknowledge that it is my family's responsibility to volunteer to work the concession stand for a minimum of two (2) shifts per season of participation. I understand volunteering at events other than that of my child, also count towards the minimum shifts.

Parent /Legal Guardian (signature)

Date