

Providence Day School

Student-Athlete Permission, Release of Liability & Assumption of Risk

My child, _____, has permission to participate in Providence Day School ("School")-sponsored athletic activities, including, but not limited to practices, games, tournaments, contests, or events that take place at any location in or outside of Charlotte, NC. I hereby acknowledge that my child's participation in School-sponsored athletic activities is voluntary. I understand that athletic activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of my child's participation. I further understand and agree that my child's participation in School-sponsored athletic activities may include travel by motorized vehicle, including School buses and/or charter buses. Therefore, I agree to the following terms:

1. **RELEASE AND WAIVER OF LIABILITY:** I hereby release and forever discharge the School, its directors, officers, agents, employees, and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that I or my student may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my student or to any property belonging to my student, whether caused by the negligence of the Released Parties or otherwise.
2. **ASSUMPTION OF RISK:** I understand and acknowledge that my student's participation in School-sponsored activities and related travel involves inherent risks, including but not limited to bodily injury, property damage, and death. I voluntarily assume all risks associated with my student's participation in these activities, including travel related to athletic activities.
3. **INDEMNIFICATION:** I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to my child's participation in School-sponsored athletic activities and related travel.
4. **MEDICAL TREATMENT:** I authorize the School, its agents, employees, and volunteers, to obtain or provide medical treatment for my child in the event of any injury, illness, or other medical condition that may occur during my child's participation in the athletic activities.
5. **MEDICAL INSURANCE COVERAGE:** I understand that I am responsible for my child's medical insurance coverage. I understand that, in the event my child becomes ill or is injured while participating in School-sponsored athletic activities, including travel, I am responsible for all medical costs. In the event my child cannot travel home as planned as a result of such injury or illness, I understand that I will be responsible for all extra costs associated with our child's inability to travel home, including additional costs of lodging, food, and transportation.
6. **ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this Student-Athlete Permission and Release and fully understand its terms. I understand that whether we choose to electronically sign and accept, or sign a printable version of the Release of Liability and Assumption of Risk Agreement, I/we are entering into a legally binding contract with Providence Day School.

Parent/Guardian Signature

Printed Name

Date

Student Signature (if 18 or older)

Printed Name

Date