



Athletic Waiver and Release Form

Please read carefully before signing.

The undersigned knows and understands that participating in athletics, including try-outs without first turning in a physical, includes an element of risk, and that I should not participate unless I am medically able. I assume any and all risks associated with this activity including, but not limited to illness, traveling to and from activities themselves, and the condition of the premises.

Having read this waiver and knowing these facts, and in consideration of monies paid for participation, I hereby for myself, my heirs, executors, administrator or anyone else who might make claims on my behalf, covenant not to sue, and waive, release and discharge East Wake Academy, its officers, agents, employees, volunteers, and any other personnel in any way assisting or connected with this activity from any and all claims or liability of any kind or nature whatsoever arising out of my participation in this activity even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver.

Further, the undersigned consents and authorizes East Wake Academy on my behalf to obtain any necessary medical treatment or hospitalization or such other care necessary for the health and welfare of the named participant, and the undersigned agrees to be responsible for and pay the costs of such medical treatment or hospitalization.

Contact Information for Parent/Guardian:

Cell Phone (daytime): _____ Home Phone (evening): _____

Medical Insurance Coverage Information:

Insurance Company Name: _____ Policy Number: _____

Please list participant's allergies, including food allergies, if any:

Signature of Participant: _____ Date: _____

Name of Participant: _____

Please print clearly

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Please print clearly