

**Mount Pisgah Christian School  
Athletic Department**

9875 Nesbit Ferry Road  
Alpharetta, GA 30022

**General Agreement/Release/Waiver and Athletic Participation Permission  
School Year 2007-2008**

My child, \_\_\_\_\_, has the opportunity to participate in interscholastic organized sports and athletic activities provided or sponsored by Mount Pisgah Christian School. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that on rare occasion, these injuries can be severe as to the result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in interscholastic organized sports and athletic activities provided or sponsored by Mount Pisgah Christian School:

1. I give my express permission for my child to participate fully in any interscholastic organized sports and athletic activities provided or sponsored by Mount Pisgah Christian School, *including such travel as may be incident to such participation*;
2. I assure all risks, including any risks associated with any special medical needs or condition of my child\*, of my child's participation in any such sport or activity, *including travel incident thereto*;
3. I authorize any coach or other adult supervising any sport or athletic activity in which my child participates to obtain on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation, *including travel incident thereto*;
4. I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation and
5. I agree that all expenses relating to or arising out of any such injuries or loss of life will be at my financial responsibility and my child and I agree to release, hold harmless and indemnify Mount Pisgah Christian School and its officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees with respect to any injuries, regardless of severity or loss of life relating to or arising out of my child's participation in any such sport or activity.
6. I fully understand if there is a hint of drug/alcohol use, each coach has the right to enforce disciplinary measures in addition to what school administration might deem necessary. These measures could include conditioning, suspension and even dismissal from the team.
7. I understand that if my child does not ride on transportation provided by MPCS, I will be responsible for his/her safety and MPCS shall not be liable for any injury or damages incurred as a result thereof.

My medical insurance company is: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ D.O.B of Insured \_\_\_\_/\_\_\_\_/\_\_\_\_

**I/WE HAVE READ THIS AGREEMENT/RELEASE WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_ Signature of Parent /Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone numbers \_\_\_\_\_

Email address \_\_\_\_\_ Additional E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number: \_\_\_\_\_

**I will not use alcohol or other drugs and I will avoid situations or parties where drugs/alcohol is consumed. I understand that nutritional supplementation has NO ROLE in Mount Pisgah Christian School athletic program.**

Athlete's Signature: \_\_\_\_\_

Signature required in order to participate in athletic activities