

Neuse Christian Academy

Athletic Release of Liability

I agree to allow my child, _____, to participate as a student athlete with Neuse Christian Academy. My child and I acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a Neuse Christian Academy athletic coach. We agree to follow the rules of the sport and the direction of the coach in order to reduce the risk of injury to the student and other athletes. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics and hold Neuse Christian Academy harmless should an injury occur. I, as parent/legal guardian, further agree to maintain current health insurance for the student athlete and have shared that information below.

Insurance Company: _____

Policy Number and Date: _____

Name of Policyholder: _____

Contact number for the Insurance Company: _____

FAILURE TO MAINTAIN CURRENT HEALTH INSURANCE WILL FORFEIT YOUR CHILD'S ABILITY TO PARTICIPATE IN SPORTS AT NEUSE CHRISTIAN ACADEMY.

Parent/legal Guardian Signature: _____

Printed Name: _____

Student Athlete Signature: _____

Printed Name: _____

Date: _____