

Oak Hill Classical School
Sports Program Liability Waiver

In consideration of my Child/Children being permitted to participate in the Oak Hill Sports Program _____ (the "Program"), the undersigned, being at least 18 years of age and being the parent or legal guardian of the Child/Children, on behalf of himself/herself and the Child/Children, agrees to the terms and conditions of this agreement.

ASSUMPTION OF RISKS

I understand that the Program involves numerous activities that require the Child/Children to be in good physical health. In addition, I understand that the Child/Children will be required to adapt to the various sports activities in the Program.

I hereby represent that the Child/Children are in good health, that there are no special problems associated with the care of the Child/Children, and that I have left no special instructions regarding the Child/Children other than those listed on the registration form.

On behalf of the Child/Children, I accept and clearly understand that there are dangers and risks involved in any sports activity of the Program that cannot be eliminated and that injuries do occur in these activities. I am voluntarily placing the Child/Children in the Program with full knowledge of the inherent dangers and risks involved and, for myself and on behalf of the Child/Children, freely assume and accept responsibility for all dangers and risks inherent or otherwise, that may be associated with or result from the Child/Children participation in the Program and each Program activity.

RELEASE OF LIABILITY

As a condition of participating in OAK HILL'S Sports Program, I agree to release, hold harmless and indemnify, and promise not to sue OAK HILL, its owners, and their directors, officers, employees, agents and representatives ("releases"), as I freely and voluntarily assume all risks of injury, death or property damage occurring thereon and release the releases, from any and all liability for personal injury, death or property damage resulting from negligence, operations of the Program, actions or omissions of its employees or agents, and from my and/or my Child/Children's participation in OAK HILL's Sports Program, accepting for myself and on behalf of my Child/Children the full responsibility for any and all such damage or injury of any kind which may result.

Student/Students Name: _____

Parent Signature: _____

Date: _____

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be carried by the Designated Adult.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Oak Hill Coaches and staff (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through the current school year.

Signed this _____ day of _____, 20_____.

Parent / Legal Guardian Signature: _____

Printed Name: _____