

Word of Life Lutheran School Sports
Participation Waiver

School Year: _____

Incomplete applications will not be accepted
All applications will be kept on file in the Office

Officer Signature for Submission

ATHLETES PERSONAL INFORMATION

First Name	M.I.	Last Name
Address		Male/Female
Date of Birth	Allergies	

PARENT EMERGENCY CONTACT INFORMATION

Name	Home Phone
Work Phone	Cell Phone
Address	Relationship

****MUST SUBMIT HEALTH INSURANCE INFORMATION****

Insurance Company Name and Phone	Insurance Policy Number
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RELEASE AND ASSUMPTION OF RISK AND COST

In consideration of the opportunity to be a Word of Life athlete and participate in sporting activities, I, on behalf of my child, hereby agree to release, indemnify, and hold harmless Word of Life Lutheran School, or any facilities and their representatives that we use from any responsibility or liability for personal injury, including death, and damage to or loss of property that my child may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in a sporting activity.

I verify that I am informed that the sporting activities are coached by Wisconsin Evangelical Lutheran members, who may be school employees, parents, or former team members and who either volunteer their services or are employed by Word of Life or St. John's Lutheran School.

I agree to be financially responsible for the safe return of all athletic equipment issued to my child.

In addition, I understand that Word of Life Lutheran School does not provide medical insurance coverage and that I must provide personal medical insurance. In the case of injury or medical emergency and in the event the participant, or their parent or guardian, cannot respond at the time of the emergency, representatives from Word of Life Lutheran School have permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that I, and not Word of Life Lutheran School, shall be responsible for any and all charges for such health care services regardless of whether my medical insurance would cover such charges.

Furthermore, I recognize that every sporting activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which my child may incur while participating in a sporting activity.

I certify that to my knowledge there is no medical reason why my child cannot safely participate in sporting activities and I agree to abide by all Word of Life Lutheran School policies and applicable regulations regarding participation in a sporting activity. I will not hold Word of Life Lutheran School liable if an injury is the result of a pre-existing, undiagnosed medical condition. I verify that at the time of registration the agents of Word of Life Lutheran School provided me with a Physical Examination form and encouraged me to have my child visit the doctor every two years for a physical examination and to ensure that my child is healthy enough for athletic competition.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms

Signed _____ Date _____

Printed Name _____ Phone _____