

## Kingswood Sports Consent and Waiver

I acknowledge that participation in school sports necessarily involves travel, participation in adverse field conditions, contact with force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, nerve and spinal cord injury, paralysis and death. On behalf of my child, I willingly and voluntarily accept and assume all such risks of participation.

In consideration of accepting this application and permitting my child's voluntary participation in Kingswood and Suburban Elementary Athletic Conference (SEAC) programs, I hereby release, discharge and agree to hold harmless Kingswood and SEAC, its players, employees, volunteers, officials, sponsors, and any other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Kingswood and SEAC and the agents, employees, officers, and directors of said entities from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to me or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Kingswood or SEAC sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

As parent and/or legal guardian, I do herewith authorize administration of first aid as needed and treatment by a qualified and licensed medical doctor of the registered minor. This authority is granted only after reasonable effort has been made to reach me.

I also give my child permission to take part in planned activities with Kingswood and SEAC. I assume all risks and hazards incidental to such participation. Permission is further granted for photographs taken of my child to be used for promotional materials/publicity.

**I have read the above disclosure statement and the waiver, consent and release of liability. I fully understand and agree with these terms.**

\_\_\_\_\_  
Name of Student enrolling in SEAC sports

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor and medical contact information

Medical information about my child

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\_\_\_\_\_  
\_\_\_\_\_