



Athletics Participation Waiver Form

I hereby desire my child to participate in Hartfield Academy Athletics and have had my child checked by his/her physician and he/she is able to participate with no restrictions. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program and therefore hold harmless Hartfield Academy any and all liability that may result from his/her participation. In addition, I give permission for emergency medical treatment in the event I cannot be reached.

Athlete's Printed Name

Athlete's Grade 2014-2015

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Contact Phone #

Emergency Contact Name (other than parent)

Emergency Contact Phone #

Please list any medical conditions coaches should be aware of:

Parent/Legal Guardian Signature

Date