First Assembly Christian School
Athletic Department
8650 Walnut Grove Rd
Cordova TN 38018
901-458-5543

FACS Athletic Program Participation
Consent and Liability Release

Student/Participant_____Age _____Grade_____

Address _____

Parent(s) names _____

I certify that I am the parent or legal guardian of the above-named child and that my child has my permission to participate in any athletic program offered through or by FACS Athletics or any Ministry-sponsored by FACS Athletics: (e.g., soccer, volleyball, cheerleading, basketball, football, baseball, softball, track, cross country, etc.)

_____

For FACS Athletics and FACS Athletic department-sponsored events conducted/held off the Athletic property, I authorize the FACS Athletic Department to transport my child to and from the event in a Athletic-owned or operated vehicle.

I understand that participation in the above-named Program involves potential for injury or illness and that the FACS Athletic Department or FACS will not be held liable for any injuries or illnesses resulting therefrom. If my child has medical conditions that may impact his or her participation in the Program, I have described them on a separate form. I accept full responsibility for the management of my child's medical condition(s) and understand that the FACS Athletic Department and FACS will not be held responsible for any incidents or complications related to my child's medical condition that result from participation in the Program.

I understand that my child must have a physical conducted by a state-certified medical practitioner within the previous 12 months to be able to participate in the Program and that the results of this physical must be on the FACS Athletic Department- prescribed form and be on file with FACS and the FACS Athletic Staff at all times.

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I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize the FACS and FACS Athletic Department staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child. I acknowledge that FACS does not provide any health insurance covering my child during the activities referred to herein and that it is my responsibility to obtain health insurance covering my child. I agree to accept the sole responsibility for the costs of medical care.

I also grant permission to the FACS Athletic Department and FACS and its representatives, contractors, employees and volunteers acting on behalf of the School, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Ministry's and school's website, social media pages, blogs, or in other official school printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until date, such time as I withdraw my consent in writing. I understand that should photographs or videos of me or my child(ren) be used on FACS and Ministry-owned or operated websites or webpages, they may be available for download.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED AT OR DURING THE PROGRAM SPONSORED BY FACS OR FACS ATHLETICS THAT MY CHILD WILL BE ATTENDING OR PARTICIPATING IN, INCLUDING TRANSPORTATION TO AND FROM SAID EVENTS. In consideration thereof and for other valuable consideration, the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS FACS AND FACS ATHLETIC DEPARTMENT** and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages, **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF FACS AND THE FACS ATHLETIC DEPARTMENT, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or on account of injury to my child, myself, or my property in connection with any event anticipated by this form. **I FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people.

I EXPRESSLY AGREE that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Tennessee and that if any portion hereof is held invalid, it

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is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **I ALSO AGREE** that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing consent and liability release and know the contents thereof and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.

MEDICAL/INSURANCE INFORMATION

Please fill in all the information. Write "none" where needed.

Primary emergency contact person & phone_____

Alternative emergency contact person & phone_____

Physician's Name _____Phone_____

Insurance company_____

Insurance policy number_____

Known allergies & type of reaction_____

Chronic illnesses/medications _____

Parent signature _____Relationship to child (mom/dad) _____Date _____