

Please sign and return to school by _____.

**FIRST BAPTIST CHURCH OF WINTER
GARDEN, INC. AND FOUNDATION
ACADEMY OF WINTER GARDEN, INC.**

Athletic Participation Consent and Release Form

I, the undersigned parent or guardian, hereby grant consent for my child,
_____, to participate in
_____.

*Please see note below.

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

I request and grant permission for my child to participate in the activity with full knowledge that said activity could result in injury.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold First Baptist Church Of Winter Garden, Inc. And Foundation Academy Of Winter Garden, Inc. and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, non-withstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize his/her teacher or group leader to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand. The original of this document will be kept on file with the Athletic Director.

Medical Conditions to be aware of:

My child may not participate in:

Telephone number(s) where I may be reached in an emergency:

The following signature must be completed in the presence of a notary.

**Authorized Signature of Parent or
Guardian**

Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Personally known to me

Signature of Notary

Produced a valid ID

Type of ID _____ Notary Seal:

***If my child is expected to participate in more than one sport, the sport must be named on the designated line.**