

**This form should be returned to Mr. Kennerly's box in the high school office.**

**Wesleyan School**  
Department of Athletics 5405 Spalding Drive Norcross, GA 30092  
**General Agreement/Release/Waiver Athletic Participation Permission**

My child, \_\_\_\_\_, has the opportunity to participate in intramural and interscholastic organized sports and athletic activities provided or sponsored by Wesleyan School, Inc. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in intramural and interscholastic organized sports and athletic activities provided or sponsored by Wesleyan Schools, Inc.:

- 1) I give my express permission for my child to participate fully in any intramural and interscholastic organized sports and athletic activities provided or sponsored by Wesleyan School, Inc. (including such travel as may be incident to such participation);
- 2) I give permission for my child to ride to away games and meets in either a school-owned vehicle driven by a Wesleyan employee or a personal vehicle driven by a Wesleyan employee. I also give permission for my child, on rare occasions, to ride to away games and meets in a personal vehicle driven by a Wesleyan parent.
- 3) I assume all risks, including any risks associated with any special medical needs or condition of my child \*, of my child's participation in any such sport or activity (including travel incident thereto):
- 4) I authorize any coach or other adult supervising any sport or athletic activity in which my child participates to obtain on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto):
- 5) I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation; and
- 6) I agree that all expenses relating to or arising out of any such injuries or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify Wesleyan School, Inc. and its officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity, or loss of life relating to or arising out of my child's participation in any such sport or activity.

**\*Note: Special medical needs or conditions of my child include:**

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

Allergies \_\_\_\_\_ Carries an EpiPen: Y / N Carries an Inhaler: Y / N

Daily Medications: \_\_\_\_\_

My medical insurance company is: \_\_\_\_\_

My policy number is: \_\_\_\_\_

I/WE HAVE READ THIS AGREEMENT/RELEASE/WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS

Sport(s) \_\_\_\_\_ School Year \_\_\_\_\_

Level(s) Varsity \_\_\_\_\_ JV \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's Grade \_\_\_\_\_ Student's Birthdate \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Home phone #: \_\_\_\_\_ Mobile \_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

**A reminder that you must have your physical and your form in to the clinic before you may practice.**