

STUDENT-ATHLETE RELEASE FORM

Please allow my child to participate in Helen Y. Davis Leadership Academy Charter Public School (DLA) athletics, including all team practices, contests, and team activities. I acknowledge that my child is in good health and is able to participate in the physical activities of a vigorous program. Davis Leadership Academy has my permission to use their best judgment in any emergency that may require medical attention. Any medical charge will be my responsibility. I hereby waive and release Davis Leadership Academy and its staff from any liability resulting from any and all injuries, illness, trauma, suffering, permanent bodily injury or death incurred during participation in Davis Leadership Academy athletics or while traveling to or returning from an DLA athletic practice, contest, and/or team activity. I covenant that I will not now or at anytime in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against Davis Leadership Academy Charter Public School and any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released and discharged by me. I also give permission to DLA to take or record pictures, audio and/or video of my child, publicly display, perform, distribute the participants name, likeness, image, photograph and/or voice on or in any media or format for advertising, trade, promotion, exhibition, or any other lawful purpose without charge.

I hereby consent to allow my child or other(s) for which I am a legal guardian to receive transportation provided by Davis Leadership Academy, including personal transportation provided by the coaching staff.

I hereby authorize Davis Leadership Academy to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel.

I hereby authorize Davis Leadership Academy to obtain all facts concerning my child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

I am the parent or legal guardian of those participating in Davis Leadership Academy athletics. I have read, understand, and accept the content of the Student-Athlete Handbook, and the terms above and give permission for my child or other(s) for which I am a legal guardian to be enrolled and participate.

Student-Athlete Name: _____

Parent/Guardian Name: _____ Relationship to Minor: _____

Telephone (Home): _____ Telephone (Day): _____

Email Address: _____

Health Insurance Company: _____

Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Parent/Guardian Signature: _____ Date: _____