

Athletics Insurance Release Form

OPTION 1: Insurance Policy (Personal Plan)

I (we) hereby certify that our student(s) has/have our permission to participate in school-sponsored interscholastic athletic practice, games, and related travel and activities and that he/she is adequately covered by an accident and health and/or hospitalization insurance policy and acknowledges that Eagle Ridge Christian School functions only as a secondary insurance.

My (our) personal insurance policy is: _____

OPTION 2: No Insurance Policy (Required Insurance)

I (we) don't have a personal insurance policy. I (we) acknowledge and certify that this form hereby releases and absolves Eagle Ridge Christian School its agents, and employees from all liability for injuries and related expenses incurred by the student as a result of participating in school-sponsored interscholastic athletics practice and games. I (we) agree to purchase the required minimum student/athlete insurance from K & K Insurance.

Waiver/Liability Form

This agreement releases Eagle Ridge Christian School from all liability relating to injuries or illness that may befall myself or my child(ren) for athletics during the COVID19 pandemic. By signing the agreement, I agree to hold Eagle Ridge Christian School free from any liability, including financial responsibility for injuries and illness incurred, regardless whether injury or illness are caused by negligence during any athletic event. I also acknowledge the risks involved for my child(ren) and myself during this time of the COVID19 pandemic. These include but are not limited to: illness directly related to COVID19, hospitalization, secondary infections relating to or from COVID19, emergency transportation by helicopter or ambulance. I further acknowledge that I am voluntarily coming and/or bring my child(ren) to this event during this pandemic. All risks have been made clear to me. Additionally, I and my child(ren) do not have medical conditions that will increase my or their susceptibility to the COVID19 virus. Neither I nor my child(ren) are infected or have been around anyone that is knowingly infected with COVID19 virus according to my knowledge. By signing below, I forfeit all right to bring suit against the school, it's administration, teachers, coaches, and employees. I will also make every effort to obey health and safety precautions and regulations according to any local, state, and national procedures.

Athlete Name(s): _____

Sports Participating In: _____

Parent/Guardian Signature: _____

Date: _____