



**Minor Athletic Waiver and Release of Liability Emergency Medical Authorization Agreement to Christian Dispute Resolution**

Name of Participant \_\_\_\_\_

Permission: I give permission for my child to participate in this activity. I understand that there are risks associated with competitive sports. In the event that he/she is injured, I waive and release all rights to any claim for damages against Pontchartrain Christian Athletics for Homeschoolers (PCA) and its representatives.

I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.Peacemaker.net) Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim rising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

In consideration of being allowed to participate in any way in PCA athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used.
3. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
4. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
5. Release, waive, discharge and covenant not to sue PCA, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

Signature of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*Pertinent medical information (diabetes, allergies, medications, etc.):*

*Emergency contacts other than parent or guardian*

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_