## Faith Lutheran School Sports Permission Form 2024/2025

| <u>A.</u>                                      | Student Information |  |  |  |
|--|---------------------|--|--|--|
| Student Name:                                  |                     |  |  |  |
| Student Grade:                                 |                     |  |  |  |
| <b>B.</b> Permission and Release of Liability. |                     |  |  |  |
|  |                     |  |  |  |

As the parent or legal guardian of \_\_\_\_\_\_, we hereby give our express permission for \_\_\_\_\_\_ to participate in the following programs at and conducted by Faith Lutheran School ("Faith Lutheran") in Eustis, Florida: (Please initial all that apply)

| Co-Ed Soccer     |  |
|------------------|--|
| Girls Volleyball |  |

Given our child's participation in the sports programs identified above, we hereby approve, consent to, and request emergency medical treatment be provided by the hospital, physician, or licensed healthcare provider for our child, if such is necessary as determined by Faith Lutheran, in Faith Lutheran's sole discretion. We expressly assume full financial responsibility, either individually or through a health insurance carrier, for any and all bills and amounts incurred in association with such emergency medical treatment.

We hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") Faith Lutheran from any and all liability and we hold Faith Lutheran harmless from any and all illnesses (including COVID-19) and injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character (collectively, "Loss") which may accrue because of, arise out of, or are in any way connected with the emergency treatment referenced herein or care given or obtained by and/or through it for our child, or which may accrue because of, arise out of, or are in any way connected with our child's participation in the sports programs identified above. We understand and acknowledge that Faith Lutheran, as that term is used in this Release, includes employees, administrators, agents, volunteers, chaperones, coaches, and the Board of Education, individually and in any representative capacity, of Faith Lutheran.

Parent Signature: \_\_\_\_\_Date:

## C. Fees and Sports Protocol

We have read the sports handbook and know that the following are our responsibility:

- i. Pay appropriate fee for the sport as outlined in handbook
- ii. Volunteer for concession stands
- iii. Take care of uniforms or pay \$150 damage fee per uniform
- iv. Have this permission form, emergency release cards, physical, and fee turned in before first practice.

My child and I have read the Sports Handbook (posted on the athletics schedule home page.) By signing this form we signify agreement and obedience to these rules and procedures.

| Student Signature: |  |
|--------------------|--|
| Parent Signature:  |  |
| Parent Signature:  |  |

\*\*Please turn all forms to Mrs. Fritz & fee will be charged to FACTS.