



Sports Activity Participation Agreement

(to be completed by parent/guardian every year)

Activity Information

Name of sponsoring organization: Heritage Academy, 333 Greene St, Augusta, GA 30901;706-821-0034

Sponsor's Coordinators: Mel Keuroglian; Chris Robinson; Thomas Riter; Glenn Wilkins; Jessica McNeil; Sara Williams

Sport: *(circle sport(s) participating in)*: cross country basketball track & field soccer baseball cheer team
Includes all SPORTS activities which occur during the current school year and after school hours such as: walking/jogging to gym, driving to practices/meets/games, and all the activities associated with the above circled sport(s).

Participant Information *(to be completed by the parent or guardian, and kept with the coach)*

Name of participant: _____ Grade: _____

Name of parent/guardian: _____

Address: _____ Cell # _____

Name of emergency contact: _____ Relation: _____

Cell # _____ Work # _____

Allergies or medical conditions: _____

Is Heritage Academy authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____ Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____