



CREAN LUTHERAN HIGH SCHOOL

STUDENT & PARENT/GUARDIAN RELEASE OF LIABILITY WAIVER (Page 1 of 2)

Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving. Colossians 3:23-24

STUDENT PARTICIPANT INFORMATION

_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
First & Last Name	Date of Birth	
_____	_____	_____
Street Address	City	Zip Code
_____	_____	_____
Cell Phone	Grade Level	Teacher
_____	_____	_____
Insurance Company	Insurance Policy Number	Known Medical Conditions
_____	_____	_____
Doctor's Name	Doctor's Phone Number	Allergies

Failure to provide medical information may result in forfeiture of participation in the activity/event.

IN CASE OF EMERGENCY INFORMATION

_____	_____	_____
First & Last Name	Best Phone Number	Alternate Phone Number
_____	_____	_____
Secondary Contact	Relationship to Participant	Best Phone Number
_____	_____	_____
Tertiary Contact	Relationship to Participant	Best Phone Number

*In the event that the primary contact (i.e. parent/guardian) cannot be reached, a CLHS representative may reach out to the secondary or tertiary contact.

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STATEMENT OF UNDERSTANDING

Student: During my participation in school-related athletic events and activities, I realize that I represent CLHS. At all times, I will observe the rules of Crean Lutheran; cooperate with chaperones, faculty, and staff members and abide by the rules and guidelines of the program I'm attending; satisfactorily complete all study, writing, and work assignments associated with this experience; and dress appropriately for all activities. I will make restitution for any damage incurred to property or persons, accidental or otherwise.

Parent/Guardian: I do hereby give my consent and full permission for the above named student to participate in CLHS Athletics/Sports programs, travel associated with interscholastic athletic competitions, or school-sponsored sports events. I authorize the student to travel and be supervised by a representative of the school on any trip. I understand that the school may or may not provide transportation and in the event the school does not provide transportation, the reliability falls on the student. I also hereby waive, release, and forever discharge any and all rights and claims, which the student may have or which may arise hereafter against Crean Lutheran High School, and all its employees, for damages, which may be sustained or suffered by the student related to their participation in the CLHS activity. I agree that this release does not in any way conflict with any existing commitment on my part and that this release is a legally binding agreement and will be construed broadly to provide a release and consent to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions.

I agree to not hold CLHS and or any of its agents or employees liable for any sum which I might claim as a result of injury, or property damage arising out of, or caused by any accident or occurrence during the time related to the CLHS activity. I release and waive, and further indemnify, hold harmless, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent/guardian, any sibling, student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the students' participation in the activity, any trip associated with the activity, or the rendering of medical procedures or treatment, if any. I hereby certify that my child is insured and covered by an insurance policy that covers medical and hospital expenses resulting from accidental bodily injury while participating in inter-school athletic events. I certify my son/daughter is insured under our family health/medical plan OR a comparable insurance plan in order to cover any injuries resulting from CLHS athletic-related activities. I understand and accept the risk of serious injury, even death, while participating in school sports, practices, trainings, games, and/or travel related activities. I fully understand that participants are to abide by all rules and regulations governing conduct during the CLHS activity and/or event. Any violation of these rules and regulations may result in that individual being sent home. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I hereby waive and absolve Crean Lutheran High School, and all its employees, of any and all liability and responsibility for injuries, accidents, sickness, and/or illness that may arise out of the students participation in the athletic activity and any CLHS event.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE, AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST CREAN LUTHERAN HIGH SCHOOL AND ITS EMPLOYEES, AGENTS, OR CONTRACTORS. I HAVE VOLUNTARILY SIGNED THIS RELEASE.

By signing below I attest that all information on this form is accurate and that I fully understand the information. My electronic signature serves as legal statement of verification.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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