

# AUSTIN CHAMPIONS CHRISTIAN HOMESCHOOL ATHLETICS

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## Liability Waiver and Release (complete one per family)

Last Name \_\_\_\_\_ Student First Name (s) \_\_\_\_\_

I hereby waive and release the Austin Champions and its coaches from any and all liability due to injuries or illnesses incurred by the student named above during Austin Champions sports practices and games, even if the injury or illness is caused by the condition of Austin Champions sport, or by the negligence or other fault of the Austin Champions and coaches.

I do hereby authorize Austin Champions staff to call an ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I/we are not immediately available. I give permission for any physician or other emergency medical personnel to provide emergency medical care at their professional discretion.

I also agree to accept responsibility for the cost of above medical services.

I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Austin Champions, organizer, sponsors, supervisors, participants and persons transporting my/our child, whether the result of negligence or any other cause, except to the extent amount covered by accident or liability insurance.

I authorize any trained medical professional at a local hospital or other facility to treat any injury or illness requiring timely treatment and considered to be in the best welfare of the minor. Neither I nor anyone else acting on behalf of the minor will have right to claim or file a lawsuit against the Austin Champions. I further acknowledge that I am unaware of any reason – physical or otherwise – that prevents the minor for whom I am responsible from participating in Austin Champions sports.

Parent (or Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (or Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photograph Release (complete one per family)

Last Name \_\_\_\_\_ Student First Name (s) \_\_\_\_\_

☐ I grant Austin Champions, the right to take photographs of my child(ren).

I agree that Austin Champions CHA may use such photographs of my child(ren) for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Austin Champions website content.

☐ I Do Not grant Austin Champions, the right to take or use photographs of my child(ren).

I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_