

**Athletic Participation Authorization, Assumption of Risk, Medical Authorization,
and Liability Release**

I/We acknowledge that participation in interscholastic athletics involves inherent risks, including the risk of serious injury, permanent disability, or death. I/We understand these risks and voluntarily permit my child/ward to participate in Riverbend Academy athletic programs and activities.

I/We accept full responsibility for my child's/ward's participation and agree to assume all risks associated with such participation.

To the fullest extent permitted by law, I/we release, waive, and hold harmless Riverbend Academy, Riverbend Community Church, its officers, directors, employees, coaches, volunteers, agents, sponsors, contest officials, and the schools against which Riverbend Academy competes from any and all claims, demands, liabilities, damages, costs, or causes of action arising out of or related to my child's/ward's participation in interscholastic athletics, except in cases of gross negligence or willful misconduct where prohibited by law.

In the event of an illness or injury, I/we authorize Riverbend Academy to obtain emergency medical care for my child/ward when I/we cannot be reached or when immediate treatment is deemed necessary. I/We understand that I/we are responsible for any medical expenses incurred as a result of such treatment.

I/We further authorize the release or disclosure of my child's/ward's relevant health information to licensed healthcare providers, emergency medical personnel, or other individuals as reasonably necessary to provide medical evaluation and treatment during school-sponsored athletic activities.

By signing below, I/we acknowledge that I/we have carefully read this Authorization, Assumption of Risk, Medical Authorization, and Liability Release, understand its contents, and voluntarily agree to its terms.

Medical Insurance Company: _____ Policy No.: _____

Preferred Hospital: _____

Student's Physician's Name: _____

Physician's Address: _____

Allergies or Special Medical Conditions: _____

Student's Address: _____

Father's Phone (Home): _____ Cell: _____

Mother's Phone (Home): _____ Cell: _____

Student's Name: _____

Parent Signature: _____ Date: _____