

Blue Ridge Christian School

2018-2019 Hold Harmless Agreement

Blue Ridge Christian School does require that parents sign the below waiver and release before the student may participate.

If parents are concerned that their child may have a medical condition which would put the child at risk through his/her middle school sports participation, they should obtain a physician's approval for the child to participate and also inform the school of any potential medical problems the child might experience as well as any limitations that should apply to the child's physical activity.

In consideration for the opportunity to participate in Blue Ridge Christian School activities, I, as parent or guardian, give my son/daughter/ward _____ permission to participate, and I further promise to indemnify, defend, and hold harmless Blue Ridge Christian School and its agents, employees, volunteers, or any other representatives of the school for any injury or harm that may result because of a pre-existing medical condition, known or unknown, with my child.

"Blue Ridge Christian School and the undersigned parents(s)/guardian(s) (the parties to this agreement) mutually agree that any claim or dispute arising out of, or related to, any aspect of athletic activities, including any claim or statutory claims, shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall be submitted to an impartial panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the Christian Conciliation Handbook. We agree that these methods shall be the sole remedy for any controversy or claim arising between one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party to this agreement, regardless of the outcome of the matter, agrees to bear the cost of his/her own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses."

Parent/Guardian Signature: _____

Date: _____

2018-2019 BRCS - First Aid and Emergency Medical Care

STUDENT'S NAME: _____ **Grade:** _____

Birthdate: _____

Home Address: _____

Home Phone: _____ - _____ - _____

FATHER: _____

Cell phone: _____

Employer: _____

Employer's Phone Number: _____ - _____ - _____

MOTHER: _____

Cell phone: _____

Employer: _____

Employer's Phone Number: _____ - _____ - _____

Responsible Relative or Friend: _____

Telephone Number: _____ - _____ - _____

Cell Phone: _____

Family Doctor: _____

Address: _____

Telephone Number: _____ - _____ - _____

Family Dentist: _____

Address: _____

Telephone Number: _____ - _____ - _____

Local Hospital Preference: _____

Name of Insurance Company: _____

Policy Number: _____

Telephone Number: _____ - _____ - _____

The following are facts concerning my child(ren)'s medical history, including allergies, medications being taken, and any physical or emotional impairments to which medical personnel should be alerted. Use additional sheet if necessary.

If my child becomes ill or is injured, please proceed with first aid and emergency medical care. I also give my consent for any hospital or emergency treatment facility to provide emergency medical care. I understand the school officials will make every effort to contact me in case of such an emergency.

Parent or Guardian Signature

Date