

# Blue Ridge Christian School 2019-2020 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 an additional sheet if necessary.**

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**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.**

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**Parent or Guardian Signature** **Date**