



**The Columbus Academy
Youth Sports
Waiver and Release**

I authorize my child or ward to participate in the voluntary Columbus Academy youth sports program. I release and forever discharge Columbus Academy and its trustees, employees, agents, their heirs, successors and assigns, either jointly or severally, from any and all claims, damages, obligations, causes of action or suits, resulting from bodily injury to my child or ward or damage to or loss of their property arising from participation in this program and any travel related thereto.

To the best of my knowledge, my child or ward is physically fit and in good health. I understand that all standard safety measures will be taken. I do not hold Columbus Academy or its staff and volunteers liable for illness or accident.

In case of emergency, if parents or guardians, emergency contact person, or the child's or ward's physician cannot be reached by phone, I authorize Columbus Academy to arrange for emergency medical treatment inclusive of surgical intervention for my child or ward, and I agree to assume liability for any medical expenses incurred.

Signature 1 _____ Date _____

Printed Signer 1 Name _____

Signature 2 _____ Date _____

Printed Signer 2 Name _____