



ALL STAR GAME PARTICIPANT INFO

PLAYER FULL NAME: _____ PLAYER CELL PHONE: _____

PLAYER ADDRESS: _____ SCHOOL _____

PLAYER EMAIL (IF APPLICABLE) _____ PLAYER HEIGHT _____ PLAYER WEIGHT _____ TSHIRT SIZE _____

PARENT/GUARDIAN NAME(S): _____

PARENT/GUARDIAN ADDRESS: _____ PHONE: _____

PLAYER MEDICAL INSURANCE COVERAGE PROVIDER: _____

INSURANCE POLICY # _____ PARENT OR PLAYER EMAIL (REQUIRED) _____

PLEASE READ BEFORE SIGNING BELOW! FCA New River Valley ALL STAR GAME Waiver release

The Fellowship of Christian Athletes is a Christian ministry that seeks to see the World impacted for Jesus Christ through the influence of Coaches and Athletes. This event will involve a time of devotion and prayer before the game begins, as well as other times where the name of Jesus is being proclaimed. By signing this form below, I the above said player understand that I am not being forced by anyone to participate in the event, and that this event is not an endorsement of Christianity by Pulaski County Public Schools. By playing in this game, I am willing to participate in these religious activities, and..

I will live out FCA's 4 Core Values while I play: INTEGRITY, SERVING, TEAMWORK, & EXCELLENCE

We (Parents and Athlete) acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. We hereby assume all of the risks of participating in this event. I certify that my child is physically fit, has sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

We (Parents and Athlete) acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by FCA New River Valley staff and volunteers in which I may participate and it will govern my actions and responsibilities at aid event.

In consideration of my application and permitting my child to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, FCA New River Valley Staff and Volunteers, Coaches, Pulaski County High School staff and volunteers (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to allow my child to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. I understand that at this event or related activities that my child may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document, I understand its content, and agree to all terms of the waiver.

Player Name (print): _____ Age: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date: _____