

# **Bishop Seabury Academy Summer Activities Liability Release Form**

I understand that participation in the Bishop Seabury Summer Activities involves risk and dangers of serious and permanent bodily injury. I hereby release, hold harmless, discharge and agree not to sue Seabury Coaches, Administrators, faculty members, owners/leasers of premises for and from all liability from my participation.

I have given my child(s) permission to participate in the Bishop Seabury Academy Summer Activities and I certify that they are in good health, has been cleared by a physician and can take part in all physical activities not limited to but including training, practices and games. I am aware of all laws, rules, and safety procedures regarding head concussions. If an injury occurs, I authorize the staff members to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of emergency, I authorize the personnel to take actions.

Player Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Cell # in case of emergency \_\_\_\_\_

