

Parent/Guardian Consent and Release of Liability Form

Lake Pointe Academy

Student Name _____

Date of Birth _____ Age _____ Sex _____

I, _____ being the parent and legal guardian of,
_____, hereby give consent for my child to
participate in the following activity with Lake Pointe Academy:

I agree that my child will be expected to follow the rules of safety and behavior while involved in this activity and my child may be denied permission to participate if he or she violates safety rules.

These are the current health issues or medications which organizers should be aware of

(continue on back if needed)

I understand that the leaders of this activity will take all reasonable safety precautions and that the possibility of an unforeseen accident/hazard exists. I further agree to not hold Lake Pointe Academy, its employees, volunteers, or any other adults associated with this activity liable for damages, losses, or injuries which may be incurred by my child.

Parent/Guardian signature _____ Date _____

Print Name _____

Best way to contact you while your child is participating in this activity: (minimum of 2#'s)

(1) _____ (2) _____

In a medical situation, I give permission for licensed medical professionals to treat and stabilize my child. I understand that in case of a medical emergency, activity leaders are instructed to contact 911 to seek professional medical help.