

H.E.A.T.

HOME EDUCATION ATHLETIC TEAMS

PARTICIPANT RELEASE FORM

I (WE) GIVE PERMISSION FOR _____ TO PARTICIPATE IN THIS ATHLETIC SPORT. HE/SHE IS IN GOOD PHYSICAL SHAPE AND UNDERSTANDS THAT THIS SPORT WILL PUT PHYSICAL DEMANDS ON HIS/HER BODY.

I (WE) WILL NOT HOLD HOME EDUCATION ATHLETIC TEAMS (HEAT), COACHES, PARTICIPANTS AND ASSOCIATED PERSONS LIABLE SHOULD AN INJURY OCCUR WHILE PARTICIPATING IN THIS ATHLETIC COMPETITION SHOULD IT BE BY ACCIDENT OR FOUL PLAY.

I WILL PROVIDE MY OWN HEALTH AND ACCIDENT INSURANCE AND/OR RETAIN FULL RESPONSIBILITY FOR MY CHILD.

I (WE) ALSO AUTHORIZE THE ABOVE TO APPROVE MEDICAL ATTENTION IF IS NECESSARY.

Parent Signature

Participants Signature

Parents name (please print)

Participants name (please print)

Address

City, State, Zip Code

Phone number

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name

Address, City, State, Zip Code

Phone Number

Date