

IEFAZ School Liability Waiver:

I understand that participation in any school athletics or sport activities includes the risk of injury that may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

I/we understand that my child's participation in IEFAZ school programs is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in any of the IEFAZ School approved athletic activities on premises. I understand that IEFAZ Sunday School, their employees, officers and Volunteers will not be liable for any personal injuries and/or property damage as a result of my child's participation in such programs or activities.

I understand that Maricopa school regulations require that all students participating in interscholastic or other voluntary after school athletics must have a physical examination within 12 months prior to the sport season in which they are participating, so it will be the sole responsibility of a parent to ensure that the Children are medically fit to participate.

I/We, on behalf of myself and my minor child, agree to release, hold harmless and indemnify IEFAZ School, their Volunteers, employees, officers and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in IEFAZ's School voluntary athletic or extracurricular programs or activities.

I/We give permission for our son/daughter to participate in all school activities, and do forever release IEFAZ School and its teachers, Coaches, staff, volunteers and agents from any and all actions, all known and unknown personal injuries or property damage of said minor arising out of said activities, and also all claims or right of action for damages which said minor has or hereafter may acquire.

I also have made arrangements to secure timely pick up of my child at the conclusion of each scheduled program event, meeting, or practice. I also understand that late pickup results in requirement of a school personnel to stay back after their already given volunteered time and incredible efforts.

By signing this Agreement, I/we acknowledge that we have read and understand this document and accept the risk and responsibility of participation in all voluntary after school athletics and sports activities.

Parent Name: _____ Parents Signature: _____

Date: _____

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____, and grant IEFAZ School, its Volunteers, employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Emergency Phone #: _____ Date: _____

Parent Name: _____ Parent Signature: _____