# Parental Waiver and Consent Form- TRYOUTS

As the parent or legal guardian of a participant in the Imagine Prep Surprise Athletic program, I hereby give my full consent and approval for my child to participate in events sponsored by Imagine Prep Surprise and the Charter Athletic Association during the 2018-2019 athletic season.

I understand that there are certain risks of injury inherent in the practice and play of all sports at Imagine Prep Surprise, as well as in traveling across state borders and other related activities incidental to my child’s participation, and I am willing to assume the full risk of injury, including death, damages or loss which I or my child may sustain as a result of participating in this sport and any and all activities connected with or associated with this program. I hereby certify that my child is fully capable of participating in this sport or any and all activities connected with or associated with this program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child’s participation, I do hereby waive, release, and hold harmless Imagine Prep Surprise, Imagine Schools Inc., Imagine Schools Non-profit, its officers, coaches, sponsors, volunteers, supervisors, and representatives for any injury, including death, damage or loss that may be suffered by me or my child in the course of participation in this sport or any and all activities connected with or associated with this program, whether the result of negligence or any other cause.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Name of Child) |  | (Date of Birth) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents Names |  |  |
|  |  |  |
| (Street Address) |  | (Town) |  | (State) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address(es) |  |  |
| Please list any physical limitations (allergies, hearing, sight, etc) |  |
|  |  |
|  |  |
|  |  |
| (Parent’s Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |