

**Activity and
Athletic Waiver**

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the “minor child”).

I hereby give my consent to have my minor child participate in any formal activity or athletic program (hereafter “the activity”) sponsored by **Dominion Academy of Dayton and Christ the King Anglican Church** during the current school year.

I recognize that there are risks involved in participating in this activity/athletic program and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity/athletic program.

To the fullest extent permitted by law, I release **Dominion Academy of Dayton and Christ the King Anglican Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity/athletic program and agree to save and hold harmless **Dominion Academy of Dayton and Christ the King Anglican Church**, its trustees, officers, directors, employees, agents, and representatives from any claims arising out of my minor child’s participation in the activity/athletic program.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event that I cannot be reached in an emergency, I give permission to the activity leader/coach to make the decisions necessary for treatment. Should there be no activity leader/coach available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20_____.

Signature of Parent/Guardian _____

Printed Name: _____

Witness: _____

Witness: _____