

WAIVER AND RELEASE OF LIABILITY – MIDDLE SCHOOL 2023-2024

I am a parent and/or legal guardian of _____ (“my child”), who is enrolled as a student at Arlington Classics Academy (“ACA”). My child is _____ years old and his/her birth date is _____.

I understand and acknowledge that my child may participate in athletic activities and other activities and events, both on and off ACA premises, including but not limited to games, practices, competitions, and field trips. I certify that my child is physically and medically fit and able to participate in such activities and events, and I hereby consent to my child’s participation in such activities and events. I understand and acknowledge, in that regard, that my child’s participation in such activities and events carries with it the potential for injury and even death, as well as property damage or loss. Such risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, collisions with other players or participants, travel, equipment, vehicular traffic, and the actions or omissions of my child and/or other people, including but not limited to participants, volunteers, spectators, coaches, referees, officials, sponsors, monitors, and producers and/or organizers of such activities and events. I hereby assume all such risks of my child’s participation in or attendance at such activities and events, as well as my own participation or attendance as a spectator, volunteer, or in any other capacity. I hereby waive and release all claims, causes of action, and demands against ACA and all ACA directors, officers, employees, agents, representatives, and trustees, as well as the holders, sponsors, producers, organizers, monitors, and event or activity volunteers, and I agree to hold harmless and indemnify all such released persons and entities of and from any and all liability, claims, causes of action, and demands arising from any injury, death, and property damage or loss sustained or suffered by my child or me as a result of participation in or attendance at any such events or activities, even if such injury, death, or property damage or loss is caused in whole or in part by the negligence or carelessness of any of the persons or entities hereby released.

I hereby understand that my student will participate in concussion baseline testing through IMPACT during their regular PE class.

I hereby consent to medical treatment of my child if I am not present or available to give such consent, in the event my child is injured or becomes ill during my child’s participation in or attendance at any such activities or events, or while en route to or returning from such activities or events.

I understand that my child may be photographed or video recorded, either individually or with other participants or attendees, at such activities or events. I consent to my child being photographed or video recorded, and I consent to the use of any such photographs or video for any legitimate purpose by ACA and the holders, producers, sponsors, and organizers of such activities and events.

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have carefully read this document, understand its intent, content, and effect, and have had the opportunity to review and discuss it with legal counsel before signing it. I knowingly and voluntarily hereby sign this Waiver and Release of Liability, of my own volition and accord.

Parent/Guardian Signature

Date