

BYNE CHRISTIAN SCHOOL
A ministry of
BYNE MEMORIAL BAPTIST CHURCH

Liability Waiver Form

This Liability Waiver Form must be completed, and signed by the parent or guardian for each student athlete (including cheerleaders) before participation in any BYNE CHRISTIAN SCHOOL athletic practice, game, activity, contest or event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the BYNE CHRISTIAN SCHOOL and BYNE MEMORIAL BAPTIST CHURCH and all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any BYNE CHRISTIAN SCHOOL and BYNE MEMORIAL BAPTIST CHURCH sponsored athletic game, activity, practice, training, contest or event, including transportation to and from such practice, game, activity, contest or event.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, practice, training, contest or event and fully indemnifies and holds harmless BYNE CHRISTIAN SCHOOL and BYNE MEMORIAL BAPTIST CHURCH its agents, employees, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the BYNE CHRISTIAN SCHOOL and BYNE MEMORIAL BAPTIST CHURCH along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any BYNE CHRISTIAN SCHOOL and BYNE MEMORIAL BAPTIST CHURCH sponsored athletic game, activity, practice, training, contest or event.

This liability waiver/release applies to the following student athlete:

STUDENT'S NAME: _____
First Middle Last

who is currently enrolled in BYNE CHRISTIAN SCHOOL:

SCHOOL NAME: BYNE CHRISTIAN SCHOOL

SCHOOL ADDRESS: 2832 Ledo Rd. Albany GA 31707
Street City State ZIP

This ___ day of _____, 20___

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Note: All athletes that are not Byne Christian School students must provide proof of health insurance prior to participating in any aspect of the Byne Christian School sports programs. A copy of the guardian's health insurance card must be on file in the Byne Christian School office along with all forms and fees prior to participation.