

# **ACS Sports Liability Waiver Form**

**I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to play competitive sports.**

**I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in competitive sports' practices, games and /or travel to and from said activities.**

**I agree to hold the Ashland Christian School or anyone acting on its behalf either as a coach, a coaching assistant or administrator harmless in the event of an injury to my child while participating under the supervision of the above.**

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian