

Spokane Athletic Co-op Activities Release Form

Child's Name: _____ Grade: _____ Birthdate: _____
Parents' Names: _____ Home Phone: _____
Insurance Co.: _____ Work Phone: _____
Policy No.: _____ Cell Phone: _____

I hereby consent to the above-named child participating in the following named activities offered by Spokane Athletic Co-op: _____.
This consent includes travel to, and full participation in, *all* practices, rehearsals, meets, games, contests, competitions, and events that are part of the above named activity.

I further consent to treatment deemed necessary by medical personnel sought by *any* representative of Spokane Athletic, Co-op, including parents volunteering transportation or other assistance, for any illness, or injury to my child that should occur in pursuing the above named activity.

I also consent to abide by all of Spokane Athletic Co-op guidelines and policies governing my child's participation in the above-named activity. This includes such policies as academic requirements, expectations for behavior, code of conduct, and fee policies.

I hereby grant Spokane Athletic Co-op the right to use, for promotional purposes or website use only, any photographs of our (my) child taken by Spokane Athletic Co-op.

For all activities, I will obtain a physical examination by a Physician, to ensure that my child is capable of full participation in the above-named athletic activity. I will bring a copy a Physical Exam Form signed by the Physician. If there are any limitations on participation in such, I will review them with Spokane Athletic Co-op's Athletic Director who will determine if these limitations can be accommodated. Spokane Athletics Co-op's Athletic Director, after consulting with the coach/leader of the athletic activity will make the final determination if my child can successfully participate. Please be advised that no student will be permitted to participate in an athletic activity (including practice) until a current Activities Release Form and a Physical Exam Form is on file with Spokane Athletics Co-op.

Further, each child participating in activities must be covered by accident/ illness/health insurance. Adequate insurance shall, at a minimum, provide coverage for medical treatment for illness or injury to my child that should occur in pursuing the above named activity. To the extent my insurance does not cover the expenses of an illness or injury to my child that should occur in pursuing the above named activity claim, I agree to pay the costs of such illness or injury and to hold harmless Spokane Athletic Co-op, their officers, Board of Directors, agents, and volunteers from payment of such expenses as described below.

I have adequate insurance coverage that will cover activities with the above named insurance company, and will continue to keep it in force throughout the duration of this activity.

In consideration for our (my) child's participation in the above-named activity, we (I) release, discharge, and agree to hold harmless Spokane Athletic Co-op, their officers, Board of Directors, agents, and volunteers from any and all liability, claims, demands for personal injury, illness or death; as well as property damage and expenses of any nature whatsoever which may be incurred by us (me) and/or our (my) child while our (my) child is participating in these activities (including travel to, and full participation in, *all* practices, rehearsals, meets, games, contests, competitions, events that are part of the above named activity), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of or arising from participation in this activity.

Signature of

Parent(s): _____ Date: _____

Date received by Spokane Athletic Co-op: _____