

**GEORGIA CHRISTIAN ATHLETIC ASSOCIATION**

(Athletic Division of the Georgia Association of Christian Schools)

**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 GCAA 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 Georgia Association of Christian Schools (GACS) and its athletic division known as the Georgia Christian Athletic Association (GCAA), along with 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 GACS/GCAA sponsored athletic game, activity, contest or event.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless the GACS and GCAA along with 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 GACS and GCAA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any GACS/GCAA sponsored athletic game, activity, contest or event.

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

STUDENT'S NAME: \_\_\_\_\_  
First
Middle
Last

*who is currently enrolled in the following GACS/GCAA member school:*

SCHOOL NAME: **Covenant Christian Academy**

SCHOOL ADDRESS: 6905 Post Road Cumming Georgia 30040  
Street
City
State
ZIP

TODAY'S DATE: \_\_\_\_\_  
Month
Day
Year

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Parent/Guardian's Printed Name

**\*Please return this form with a copy of both sides of the student's medical insurance card.**