



## Merit Academy

### Athletic/Activities Consent and Agreement 2024-25

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Grade \_\_\_\_\_

Please print, sign, and turn in to the respective coach.

**Certain risks are inherent in any activity or sport, and Parents and Students fully accept those risks. These risks may include, but are not limited to, accidents, damage to property, bodily injury including mutilation or permanent disability, catastrophic injury, other physical, mental, and emotional injury, and death.**

1. **Physical Examination:** I understand that my student has not yet completed a physical examination. I give my permission for my student to participate in this sport, and I take full responsibility for any and all health concerns or occurrences that may arise as a result of their participation.
2. **Non-Enrolled Students:** I understand that my student does not attend Merit Academy. However, my student understands that they must adhere to Merit Academy's five core virtues (valor, goodness, perseverance, responsibility, and friendship) and the school's code of conduct during all athletic activities.
3. **Assumption of Risk:** We fully understand that Merit Academy is not responsible for any harm that may occur to the Student or others as a result of the Student's participation in the activities or sports, and that the Student Athlete is covered by health insurance in the event of an injury. We have obtained, at our sole expense, adequate insurance to guard against any harm (including without limitation severe bodily injury and death) that may befall the Student or others as a result of the Student's participation in the Activities or Sports.
4. **Injury and Insurance:** We acknowledge that we have secured sufficient health insurance coverage for the Student Athlete and accept full financial responsibility for any injuries, accidents, or illnesses that may occur during participation. We agree to notify Merit Academy immediately if there are any changes to the insurance coverage.
5. **Medical Authorization:** In the event of an emergency, I authorize Merit Academy staff or representatives to secure any necessary medical treatment for my student. I understand that any costs incurred for medical treatment are my responsibility.
6. **Indemnification and Release:** To the fullest extent permitted by law, we, individually and on behalf of our heirs, successors, assigns, and personal representatives, agree to indemnify, hold harmless, release, and forever discharge Merit Academy, its Board of Education, employees, agents, and cooperating institutions and their officers and agents (if any) from any and all past, present, and future claims and expenses, including reasonable attorney's fees, for any injury, loss, or damage to personal property, including catastrophic injury or death, which arise out of, occur during, or are in any way connected with the Activities or Sports.



7. **Behavioral Expectations:** We acknowledge that participation in Merit Academy athletics is a privilege. The Student Athlete agrees to uphold the highest standards of sportsmanship, respect, and integrity, both on and off the field, and to represent Merit Academy with honor.
8. **Fees and Payments:** I understand that all athletic fees must be paid in full before my student participates in the first practice. All fees must remain current and up to date throughout the season for my student to continue participating in the activities or sports.

I verify that my child has permission to participate in interscholastic activities and athletics at Merit Academy.

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Parent Contact Number** \_\_\_\_\_