

SPORTS WAIVER/RELEASE

I hereby grant permission for my child, _____, to participate in The Friends School of Atlanta (FSA) Summer Camps program(s).

I understand and agree that although the programs are organized and sponsored by FSA, and FSA will take reasonable precautions in supervising my child, FSA cannot prevent every potential injury or loss my child may suffer as a result of his or her participation in the programs, be it physical or otherwise. I am not relying upon FSA or any of its agents, employees or representatives to do so. I understand that sports programs involve physical contact and that my child's participation in these activities involves by its nature the potential for physical injury through no fault of FSA or the Summer Camps instructors. I understand that there is nothing FSA can do to eliminate this risk of physical injury.

In the event of an emergency, FSA will make every reasonable effort to reach me prior to the administration of emergency medical care. The telephone numbers in my child's summer camp registration are up to date, as are the emergency contact names and numbers.

Parent/Guardian signature: _____

Please print name: _____

Date: _____