

**Temple Christian School Athletics  
Liability Release Form**

I understand that participation in Temple Christian School sports is physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who might depend on them.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

**MEDICAL BACKGROUND:**

Allergies to Medication: \_\_\_\_\_

Special Medical Problems or Conditions: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

I, hereby, release any and all rights or claims for damage against Temple Christian School and/or any individuals supervising athletic activities, for any and all injuries, loss or damage suffered as a result of my participation in the Temple Christian School athletic program.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date