



Stallions Sports Release Form

Activity Participating in: _____ Age _____ DOB: _____
 Participant's Name: _____ Goes By: _____
 Address: _____ City _____
 State: _____ Zip: _____ Email: _____
 School _____

Parents/Guardians: _____
 Dad's Home# _____ Cell# _____
 Mom's Home# _____ Cell# _____

Contact in case of an emergency and parent/guardian cannot be located:

Name: _____ Phone# _____
 Doctor's Name: _____ Phone# _____
 Medical History (allergies/illnesses) : _____

Uniform Sizes: Shirt: YXS YS YM YL AS AM AL AXL AXXL
 (Please circle one) Pants: YXS YS YM YL AS AM AL AXL AXXL

***New participants must submit a copy of their birth certificate**

WAIVER: THERE IS, BY PARTICIPATION IN RECREATION ACTIVITIES A RISK OF INJURY, AND BY SIGNING THIS WAIVER YOU ARE HEREBY ACKNOWLEDGING THIS RISK. YOU ARE WAIVING YOUR RIGHT TO TAKE LEGAL ACTION AGAINST HOLY GROUND BAPTIST CHURCH AND HOLY GROUND BAPTIST ACADEMY, AND THE EMPLOYEERS OR VOLUNTEERS WORKING WITH OUR ORGANIZATION FOR LIABILITY SHOULD YOU OR YOUR CHILD INCUR ANY INJURY.

I, THE UNDERSIGNED, ASSUME ALL RISK AND HAZARDS INCIDENTAL OR PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES AND DO HEREBY FOR MYSELF, MY CHILD, MY HEIRS, EXECUTERS, AND ADMINISTRATOR, WAIVE RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS HOLY GROUND BAPTIST CHURCH AND HOLY GROUND BAPTIST ACADEMY AND ANY EMPLOYEE OR VOLUNTEERS IN CONNECTION WITH THIS ACTIVITY.

Signature of
 Parent/Guardian: _____ Date _____