



Must Be Completed by Parent(s)/Guardian(s) of Students Before Participation in School-Sponsored Dance Class, Athletic Class or Afterschool Athletic Programming or Activity.

RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

_____ (Student's Name) desires to participate in
_____ (Name of Program) sponsored by the Arkansas Arts
Academy (AAA).

I am fully aware of the fact that there are special dangers and risks associated with participation in this activity, including but not limited to the potential for falls, slips, sprains, broken bones or physical contact with other participants. In extremely rare cases, paralysis and even sudden death can occur as a result of participation in this activity.

AAA, its coaches, teachers and all others involved in the administration of this program have pledged to utilize every reasonable precaution to minimize or eliminate the potential for injury by students as a result of participation. Being fully informed as to these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage and liability arising from participation in this activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

Student's Signature: _____ Date: _____

Print Your Name Here: _____ Grade: _____

I certify that I am the parent/legal guardian of the above-named student; that I have read and understand this Release of Liability and Assumption of Risk Agreement. I certify that I have explained the risks and dangers to my child. I hereby release and hold harmless AAA, its coaches, teachers, administrators and volunteers from any liability, actions, causes of action, claims, judgments cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in, or traveling to and from any practice, competition or special event. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in extracurricular athletic activities sponsored by the Arkansas Arts Academy.

Parent/Guardian Name: _____ Signature: _____
(Please Print)

Date: _____ Telephone: Work: _____ Home: _____ Cell: _____

Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes, provide the name of your insurance company and policy number:

Insurance Company: _____ Policy Number: _____

Emergency Contact Information:

If I cannot be contacted and a reasonable effort has been made to do so, I authorize AAA staff or the administration and his or her designee to act on my behalf. I further authorize my son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary. I request and authorize any duly licensed Doctors of Medicine, Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic, treatment or operative procedures including x-ray diagnosis of my child. I assume the responsibility for the payment of any such transfer and treatment.

Preferred Hospital: _____

Person to be contacted if I am not available: _____

Telephone: Work: _____ Home: _____ Cell: _____