West Virginia Christian Education Association Athletics
MEDICAL TREATMENT / LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant for my child, whose name is _____ and hereinafter shall be referred to as "participant", to participate in the West Virginia Christian Education Association Athletic Tournament(s). I grant my permission for said participant to receive the necessary medical treatment in the event of an injury or illness. I hereby hold the West Virginia Christian Education Association (including its representatives) and the hosting institution and their personnel harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this competition, there is possibility and even inherent risk of physical injury or illness and that participant is assuming the risk of such illness or injury by participation.

I further agree to hold harmless the West Virginia Christian Education Association and the hosting institution from any and all liability for any claim whatsoever, including any claim arising out of any injury or illness incurred by participation during the course of the tournament including, but not limited to practices, competitions, and/or other activity associated with the course of the tournament, including travel to and from such activity.

WAIVER OF LIABILITY

I hereby waive and absolve the West Virginia Christian Education Association (including its representatives) and the hosting institution and its personnel of any liability and responsibility of injuries, sickness, accidents and/or acts of God incurred during participation in the state tournament competition and/or any other related activity by my child (enter participant's name) _____. In consideration my signed release allowing my child to participate in the West Virginia Christian Athletic Association Tournament, I, intending to be legally bound, do hereby, my heirs, executor and administration, waive, release and forever discharge any and all rights and claims for damage which my child (previously named) known as participant or I may have or which may hereafter accrue to me or my participant child against the West Virginia Christian Association and (including its representatives) and the hosting institution and its personnel for any participation in or rising out of travel to and/or return from the WVCAA tournament. In the event of injury/accident/sickness, West Virginia Christian Athletic Association or the hosting institution are to contact the designated adult listed below as soon as possible to the best of their ability.

_____ _____
Signature of Child/Participant Date of Birth of Participant

_____
Signature of Parent/Guardian

_____
Mailing Address of Participant including City/State/Zip

_____
Emergency Phone Number Date signed

(more information required on back)

WVCEA Medical Treatment / Liability Release Continued

_____

School Participant is Representing

THIS FORM MUST BE IN THE PRESENCE OF THE HEAD COACH OF EACH TEAM DURING THE WVCAA TOURNAMENT. If used to obtain medical treatment, it will be returned to the head coach.

I HEREBY GRANT PERMISSION FOR THE NAMED PARTICIPANT, MY CHILD/CHARGE, TO BE TREATED IN CASE OF EMERGENCY ACCIDENT OR ILLNESS.

Name of Participant _____

Name of Emergency Contact _____
Relationship _____

Daytime Phone (_____) _____
Evening Phone (_____) _____

THIS FORM DOES NOT CONSTITUTE ANY PAYMENT OBLIGATION ON THE PART OF THE WEST VIRGINIA CHRISTIAN ATHLETIC ASSOCIATION OR THE HOSTING INSTITUTION.

Insurance Information

Name of Company _____
Policy/Group # _____

Doctor's Name _____
Doctor's Phone (_____) _____

Allergies _____