



**Williamsburg Christian Academy
Athletic Waiver of Liability Form**

Event: _____ Date: _____

Parent/Guardian Name(s): _____

Child's/Children's Name: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

Medical Consent & Waiver (Required)

I certify that the child or children named above is (are) in good physical condition and is (are) capable of participating in the event listed above. If medical attention beyond first-aid treatment is required, I understand that an attempt will be made to contact me at the phone numbers I provided above. If contact with me is not made, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge Williamsburg Christian Academy and its employees, volunteers and board members from any and all actions and for injuries or damages incurred while participating in the event above while at Williamsburg Christian Academy's facilities.

Signed (Parent/Legal Guardian)

Date

Print Name of Person Signing

Please return to WCA's Athletic Dept. Questions can be addressed by WCA's A-D, John Perkins at 880-7888 or email jper919894@aol.com.