BASCS AD Form #3

Buffalo Academy of Science Charter School

(Athletic Division of the Buffalo Academy of Science Charter School)
Liability Waiver Form

This Liability Waiver Form must be completed, and signed by the parent or guardian for each student athlete (including drill squad, spirit squad, or cheerleaders) before participation in any Section VI athletic practice, game, activity, contest or event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the Buffalo Academy of Science Charter School (BASCS) and its athletic department, along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any BASCS or Section VI sponsored athletic game, activity, contest or event.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless BASCS and Section VI along with its agents, employees, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the BASCS and Section VI along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any BASCS or Section VI sponsored athletic game, activity, contest or event.

This liability waiver/release applies to the following student athlete:

STUDENT'S NAME: _____
First Middle Last

who is currently enrolled in:

SCHOOL NAME: Buffalo Academy of Science Charter School

SCHOOL ADDRESS: 190 Franklin Street Buffalo NY 14202
Street City State Zip

This ____ day of _____ ,20____

_____ _____
Parent/Guardian's Signature **Parent/Guardian's Printed Name**

_____ _____
Principal's Signature **Athletic Director's Signature**

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