



American Heritage Academy  
2030 E. Cherry St., Cottonwood, AZ 86324  
Ph. (928) 634-2144

---

## Consent and Release from Liability Certificate

### **ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS:**

I understand that participation in athletics may result in injury/illness, permanent physical or mental impairment or even death. I understand that injuries can occur during athletic participation, game, practice or scrimmage. I understand that having passed the physical examination did not necessarily mean that the above named student/individual is physically qualified to participate in athletics, but only that the evaluator did not find a medical reason to disqualify the student/individual at the time of the physical examination.

I understand that if the named student/individual experiences an injury/illness or change in the student/individual's health status, it is the student/individual's and parent/legal guardian's responsibility to inform the Principal, Athletic Director and head coach and for them to adhere to the established injury management guidelines, which include total rehabilitation and reassessments before the student is released to return to full participation. I understand that the student must refrain from practice while injured or ill, whether or not receiving medical care. When under medical care the student may not return to participation until the student's physician has given his/her authorization, after his/her review of the student/individual's condition and fitness, for the rigors of the above named student/individual's sport(s).

I understand that American Heritage Academy (hereinafter "AHA") assumes no responsibility in case an accident or death occurs. I understand, upon signing this document, the parent/legal guardian and athlete acknowledge the possible risk of injury or death in athletic participation. I hereby agree to RELEASE AHA and its staff and executive board, and its trustees, officers, employees, and volunteers (collectively, the "Indemnities") and to INDEMNIFY and hold the Indemnities harmless from any and all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (i) actions brought or claims made by the student/individual named above after reaching the age of majority, and (ii) actions or claims for damages caused in whole or in part by the negligence of the Indemnities) relating to or arising from or connected in an manner with such student/individual's participation in school related athletic activities.

\_\_\_\_\_  
Name of Student/Individual Participant (printed)

\_\_\_\_\_  
Signature of Student/Individual Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **TRAVEL CONSENT:**

The above named student/individual has my consent to travel to and/or from each event participated in by the team/organization in which their name is carried upon the roster/program during this school year/activity. The mode of transportation may be by AHA vehicles or approved vehicle. At times parents may need to make arrangements for the student/individual to get to certain games. In these cases, the student/individual may not be chaperoned/supervised while traveling to an activity. All student/individual athletes, even though off-campus, are subject to all AHA rules and regulations as set forth in the Student Handbook. I understand that any student/individual who does not conduct himself properly may be (i) sent home at the parent/legal guardian's expense, (ii) prohibited from participating in future activities, and (iii) subject to other appropriate disciplinary measures. I agree to, and hereby RELEASE AHA and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any responsible activity of this organization.

\_\_\_\_\_  
Name of Parent/Guardian (printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Emergency Contact, Insurance, Consent for Treatment**

Emergency Contact – Person who can answer in your behalf for your son/daughter in case of an emergency

Emergency Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**INSURANCE:**

AHA requires each student/individual that participates in interscholastic sports/activities to have adequate insurance coverage. Please check one of the following boxes:

- The above named student/individual is covered under a family health insurance plan.
  - Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_
- An accident policy has been purchased for the above named student/individual. I understand the AHA has no responsibility for this policy, as the policy is provided by an independent company
- I hereby waive any requirement of additional insurance for the above named student/individual. I acknowledge responsibility all financial for any and all medical expenses or costs, and hereby release AHA from any such claims.

**CONSENT FOR EMERGENCY CARE  
THIS FORM MUST BE SIGNED BY STUDENT AND PARENT OR LEGAL GUARDIAN**

**BE IT KNOWN**, that, I, the undersigned parent/guardian of the above named student, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in judgment of said doctor or hospital, may be required, on an emergency basis, in the event the above-named student should be injured or stricken ill while participating in an interscholastic activity sponsored or sanctioned by Canyon Athletic Association, Inc. of which the above named school is a member.

**IT IS HEREBY** understood the consent and authorization given are continuing, and are intended throughout the current school year.

**IT IS FURTHER** understood that insurance or parent of student will pay any expenses incurred. Payment of expense is not a school responsibility.

“I/we recognize that the foregoing is a public document and falsification of information on that document to obtain admission to American Heritage Academy may constitute violation of the criminals laws of the State of Arizona. I/We hereby certify that all the information contained in the AHA Athletic Participation Form is true, correct and complete.

**I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implication of signing this document and that I agree to be bound by this document.**

Parent/Guardian (PRINT) \_\_\_\_\_ Parent/Guardian (SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (PRINT) \_\_\_\_\_ Student Name (SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_