LIGHTHOUSE
CHRISTIAN SCHOOL

SPORTS PROGRAM LIABILITY FORM

Sports Fee: $40.00/student or $60.00 family per sport

Soccer Volleyball Flag Football Basketball Baseball Softball

Student Name: _____ Gender: M or F
Date of Birth : _____ Age (as of September) _____ Grade: _____
Parent/Guardian Name: _____ (please print)
Address: _____, State _____, Zip _____ Telephone: _____ E-Mail: _____

Waiver of Liability and Covenant not to sue

I have agreed to accept transportation from Lighthouse Christian School, Inc. whose address is: 28157 Lighthouse Crossing, Dagsboro, DE 19939.

I acknowledge that I know the risks and dangers involved in such activity as well as the risks involved in being transported by persons or individuals other than myself, and I further understand the unanticipated dangers may arise during such activities, and knowing all these risks, I assume all risks of injury to my persons and property, as well as to all other persons and property caused by my actions or those of Lighthouse Christian School, Inc. that may be sustained in connection with the stated and associated activities.

As partial consideration for the transportation service, I hereby, for myself, my heirs, administrators and assigns, release, remise and discharge Lighthouse Christian School, its' managers, servants, agents, officers, directors, members and officials from claims, demands, actions and causes of action of any sort, for injury sustained to my person (s) or property, or both, or to any other person(s) or property, or both, during my presence on the premises, resulting from any cause whatsoever.

I further agree to hold harmless Lighthouse Christian School, Inc., their heirs, executors, administrators or assigns from any liability under any suit brought against them and due to my actions while on the premises.

This waiver, however, is not to be construed as a waiver of any claims, demands, actions, and caused of action of any sort, for injuries that may result from any actions, willful or negligent, cause by any persons or representatives of any legally recognized entities other than Lighthouse Christian School, Inc. or its' managers, servants, agents, officers, directors, members and officials.

I represent and certify that I am under the age of (18) years, I represent and certify that I have the permission of my parents and/or legal guardians to participate in the stated activities, the signature of said parent or guardian also appearing hereon, and that they have full knowledge thereof and also that by their signature understand that they adopt the covenants contained herein as their own and acknowledge all manner of risks noted herein and that **They Have Read and Understand** this instrument and are bound by the same.

I Have Read and Understand the Foregoing Waiver of Liability and Covenant not to Sue and to certify that my acceptance of transportation from Lighthouse Christian School, Inc. is voluntary.

In Witness Whereof, I have executed this **Waiver of Liability and Covenant, not to Sue.**

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____