

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

Student name: _____ (“STUDENT”)

In consideration of being allowed to participate on behalf of Baltimore Lutheran High School Association, Inc., t/a Concordia Preparatory School, in its scholastic athletic program and related events and activities, the undersigned:

1. understands and agrees that participation includes possible exposure to, and illness from, infectious diseases including, but not limited to, MRSA, influenza, and COVID-19 and that, although observing certain rules and exercising personal discipline may reduce the risk of serious illness and death, the risk does exist;
2. KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assumes full responsibility for Student’s participation;
3. willingly agrees to comply with the stated and customary terms and conditions for participation regarding protection against infectious diseases, and further agrees that, if Student observes any unusual or significant hazard during Student’s presence or participation, Student will immediately remove himself/herself from participation and promptly bring such hazard to the attention of the nearest official; and,
4. for Student and on behalf of Student’s heirs, assigns, personal representatives, next of kin, and anyone claiming by or on behalf of Student, HEREBY RELEASES AND AGREES TO INDEMNIFY AND HOLD HARMLESS Baltimore Lutheran High School Association, Inc., t/a Concordia Preparatory School, its officers, directors, agents, servants, employees, and representatives (“RELEASEES”), FROM AND AGAINST ANY AND ALL LIABILITIES CAUSED BY, ARISING OUT OF, RELATED TO, RESULTING FROM, OR OCCURRING IN CONNECTION WITH, ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT SUBSTANTIAL RIGHTS ARE BEING RELINQUISHED IN THEIR ENTIRETY, AND SIGN IT KNOWINGLY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Please check the appropriate box below.)

I am the parent/legal guardian of the student named above.

I am the student named above and am 18 years of age or older.

Yes, I agree to the above terms.

No, I do not agree to the above terms.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Student: _____ **Date:** _____

Date of Birth: ____/____/____