



P. O. Box 125 – Gallman, MS 39077 – Phone 601-892-3770 – Fax 601-892-6222

PERSONAL INJURY RELEASE FORM

The decision whether to allow your child to participate in athletics at Copiah Educational Foundation is a decision you should make after considering all of the factors involved. All athletics involve the risk of injury to your child.

Only you can make the ultimate decision whether to voluntarily allow your child to participate in a sport and risk injury. If you authorize your child to participate, you alone must accept the responsibility for any injury your child may receive.

If you do not agree to accept this risk and assume the responsibility, do not allow your child to participate and do not sign this release.

I/We am/are the parents or legal guardians of _____, a minor child in grade _____. I/We authorize Copiah Educational Foundation to allow the child to participate in sports and athletic events while a student at Copiah Educational Foundation. I/We agree that Copiah Educational Foundation, Inc., its coaches, teachers, employees, volunteers or other persons associated with the school or its sports activities will not be liable or responsible for any injury the child may receive participating in sports activities. I/We agree to hold harmless and release all such persons from any type of liability resulting from an injury to my child.

This, the _____ day of _____
Month, Year

Parent or Legal Guardian

Parent or Legal Guardian

PLEASE RETURN THIS FORM TO THE MAIN OFFICE OR AT PHYSICALS