WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS

Both the applicant student and a parent or guardian must read carefully and sign below.

Basketball

SPORT:

	CELLIDENTE
MANY RISKS OF INJURY. I understate injuries which may result in complete or participating in the above sport may result not only in serious injury, to engage in other business, social and red dangers of participating in the above sport regarding playing techniques, training and consideration of Providence Classical Christial activities related to the team, including that sport, I hereby assume all the risks assume that School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Classical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Chassical Christian School, its employees, and volum debts, claims or demands of any kind and participation in any activities related to Providence Chassical Christian School, its employees, and volum debts, claims or demands of any kind and providence Chassical Christian School christian	STUDENT day/participate in any sport can be dangerous in nature involving and that the dangers and risks of death, serious neck and spinal artial paralysis, brain damage, serious injury to virtually all bones, other aspects of the muscular skeletal system, serious injury to jury or impairment to other aspects of my body, general heath and and risks of playing or practicing to play/participate in the above but in a serious impairment of my future abilities to earn a living, cereational activities, and generally to enjoy life. Because of the rt, I recognize the importance of following coaches' instructions other team rules, etc., and to agree to obey such instructions. In stian School permitting me to try out for the team and to engage in , but not limited to, trying out, practicing or playing/practicing in sociated with participation and agree to hold Providence Classical teers harmless from any and all liability, actions, causes of action, nature whatsoever which may arise by or in connection with my rovidence Classical Christian School basketball team. The terms ion of risk for my heirs, estate, executor; administrator, assignees,
Date	Signature of Student
	PARENT
basketball team and to engage in all active practicing or playing/participating in that swith participation and agree to hold representatives, coaches, and volunteers had claims, or demands of any kind and nature	Christian School permitting my son/daughter to try out for the rities related to the team, including, but not limited to, trying out, sport, I hereby assume all the risks of my son/daughter associated Providence Classical Christian School, its employees, agents, armless from any and all liability, actions, causes of action, debts, he whatsoever which may arise by; or in connection with his/her widence Classical Christian School basketball team.
The terms hereof shall serve as a release executor, administrator, assignees, and f	and assumption of risk for my son's/daughter's heirs, estate, for all members of his/her family.
Date	Signature of Parent or Guardian