

Ascent Classical Academy of Fort Mill

Liability and Medical Release 2025-2026



Student's Full Name _____

Grade (2025-2026) _____ Date of Birth _____

Participation in athletics includes inherent risks, including the risk of serious injury or death. By signing below, we affirm our understanding and acceptance of these risks.

Assumption of Risk and Release of Liability

I, the undersigned parent or legal guardian of the above-named student, grant permission for my child to participate in the athletic program at Ascent Classical Academy of Fort Mill. I understand that participation involves physical activity and carries the risk of injury, including serious injury or death, as well as possible exposure to infectious diseases.

I agree, on behalf of myself, my child, and our heirs, successors, and assigns, to release and hold harmless Ascent Classical Academies South Carolina and Ascent Classical Academies, its employees, volunteers, representatives, and agents, from any liability, claims, or causes of action related to injury, illness, disability, or death that may occur during or as a result of participation in athletics or related travel. I assume full responsibility for all risks associated with my child's participation.

Medical Authorization

In the event of an injury or medical emergency, I authorize school officials, coaches, athletic trainers, first responders, and licensed medical professionals to provide emergency care and arrange for further medical treatment as needed. I understand that I am responsible for any resulting medical expenses and affirm that my household maintains adequate medical insurance coverage for my child.

Medical Disclosures

Please list any allergies, chronic conditions, or medications:

Physician Name/Practice _____

Phone _____

Parent/Guardian Printed Name _____

PARENT/GUARDIAN SIGNATURE

DATE