

Southeastern Homeschool Sports Cardinals

WAIVER OF PHYSICAL

I, the undersigned legal guardian, on behalf of my minor child named herein, do affirm that Southeastern Homeschool Sports Association has clearly informed me that a physical by a medical doctor is required as a condition precedent to my child playing in any SHS sanctioned event; however, I have voluntarily elected to forgo, on behalf of my minor child, any such physical examination and hereby affirm and forever release any and all claim which may arise, in anyway, connected to my child's physical well-being and physical health as it may relate to my child's participation in any SHS sanctioned event or practice. My child has exhibited no signs of any physical condition which gives me any cause for concern in relation to their physical health. My child does not suffer from any illness to my knowledge such as heart problems, breathing problems, joint problems, etc. In the event some latent condition or unknown condition does exist then I forever waive any claim I or my minor child may have against SHS or any firm, company or person in relation to the same. Additionally, I clearly understand that by failing to provide such physical examination that my child is subject to denial for any claim submitted to any insurance associated in any way with SHS and or any of its agents.

This the _____ day of _____, 20_____.

By: _____ (parent/guardian
signature)

On behalf of : _____ (minor child)