



Temple Christian Academy

14190 Dedeaux Rd. Gulfport, MS 39503 | 228-832-4504

Athletic Liability Release Form

As parent/guardian of (student name) _____,

we agree not to hold the school liable for any injury received by the child while participating in the sports program of Temple Christian Academy. This is to include injuries obtained while playing at other fields or gymnasiums that are not on the school's campus.

(Parent/Guardian Name Print)

(Signature of Parent/Guardian)

(Date)