ATHLETIC EVENTS CONSENT AND RELEASE

Name of Sport _____ 20___ - 20 ___School Year

I request that my child be allowed to participate in the above-named event(s). I understand that reasonable care and supervision will be exercised to provide for my child's well-being during practice for the event and the event itself. However, I also understand that there are certain risks inherent with this athletic event(s). I assume all risks inherent with these events and consent to my child being allowed to participate. I release, covenant not to sue, and save harmless (name of school) _____ as well as The Most Reverend Gregory Parkes, Bishop of The Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the event, from any and all claims and for any and all harm arising to my child as a result of participation in these athletic events.

I understand I am responsible for transporting, or arranging transportation for, my child to and from the sports events. _____ School will, in no way participate in arranging or executing transportation for the events.

I request a _____Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name: _____Grade _____

Signature of Parent/Guardian: _____

Please add pertinent medical information particularly in regards to any condition that may effect, or be affected by, participation in this sport (e.g. asthma – needs inhaler before game):