

CHILD/MINOR ATHLETIC PARTICIPATION RELEASE FORM

NAME: _____ BIRTH DATE: _____ AGE: _____

STREET ADDRESS: _____ CITY _____ ZIP _____

PARENT/GUARDIAN NAME(S): _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

EMAIL: _____

PARENT/GUARDIAN MEDICAL INSURANCE COMPANY: _____

PARENT/GUARDIAN MEDICAL INSURANCE POLICY NUMBER: _____

ANY IMPAIRMENTS AND/OR KNOWN ALLERGIES: _____

IMPORTANT INFORMATION

THE CATHOLIC BISHOP OF CHICAGO (the CBC) and ST. THECLA PARISH (the Parish) are committed to conducting athletic programs and activities in the safest manner possible, and holds the safety of participants in the highest possible regard.

Participants and parents registering their child in athletic programs must recognize, however, that there is an inherent risk of injury when choosing to participate in athletic activities. THE CBC and the Parish insist participants follow safety rules and instructions, which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make the program fees prohibitive. Therefore, each person registering themselves or a family for a recreation program/ activity should review their own health insurance policy—for coverage. It must be noted that the absence of health insurance coverage DOES NOT make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and Parish require the execution of the following waiver and release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering your minor child/ward for participation in this Program, you will be waiving and releasing all claims for injuries which either you or your minor child/ward may sustain arising out of participation in this Program.

PROGRAM: _____ STARTING DATE: _____

As a result of participation in the Program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages and/ or losses which either me or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such Program.

I agree to waive and relinquish any and all claims which either me or my minor child/ward may have against the CBC, the Parish, and their officers, agents, servants, and employees, as a result of participation in the above Program.

I do hereby fully release and discharge the CBC, the Parish, and their officers, agents, servants, and employees from any and all claims resulting from injuries (including death), damages and/ or losses sustained by either me or my minor child/ward which may arise from, are connected with, or are in any way associated with the activities of the Program.

In the event of any emergency, I authorize the CBC or Parish officials to secure from any licensed hospital, physician and/ or medical personnel whatever treatment is deemed necessary for my minor child/ ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program details.

Signature

Date: