

Archdiocese of Chicago Child/Minor Athletic Participation Release Form

Child/Minor Name: _____

Address: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work Telephone: _____

Important information

The Catholic Bishop of Chicago (the CBC) and ST. BENEDICT H.S. (the Parish) are committed to conducting its 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 inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member 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 liability insurance, the agency providing liability insurance coverage for the CBC and the Parish requires 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 in registering your minor child/ward for participation in this program you will be waiving and releasing all claim for injuries you or your minor child/ward might sustain arising out of this program.

Program: _____ Program Dates: _____

As the parent/guardian of the participant 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, or loss which I 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 all claims I or my minor child/ward may have, as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do hereby fully release and discharge the CBC and the parish and their officers, agents, servants, and employees from any and all claims from injuries, (including death) damage or loss which I or my child/ward may have or which may accrue to me or my minor child/ward on a account of participation in the program.

I further agree to indemnify and hold harmless and defend the CBC, the parish and their officers, agents, servants and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or 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 any treatment deemed necessary for my minor child'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, Waiver and Release of All Claims and Permission to Secure Treatment.

Parent / Guardian Signature

Date