



**CATHOLIC HIGH SCHOOL**

Athletic Department

**Parent/Guardian Permission/informed Consent Form and Liability Waiver**

I/We, \_\_\_\_\_ hereby give my/our permission for \_\_\_\_\_ to participate in  
(Parent(s) or Guardian(s) full names) (Student's Full Name)

(Check all that apply, *including summer*)  
 Volleyball       Cross-Country       Crew/Rowing  
 Cheerleading       Basketball       Hockey       Baseball       Fast-pitch Softball  
 Tennis       Golf       Soccer       Track & Field       Swimming

during the 20\_\_\_\_-\_\_\_\_ school year: I/We understand that these activities may be away from school property and will take place under the guidance and direction of school faculty, staff, and/or volunteers. I/We also understand that these activities may be potentially dangerous, with risk for injury or harm to my child.

[/we do hereby give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above stated activities. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

I/We do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner of the private motor vehicle, the parish, the pastor, the faculty and the staff volunteer members, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action, arising, our of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whatever or not said claim, demand, action or suit is based on, or alleged to be based on. in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

This Indemnity applies, in all events, to the extent that such and injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to the Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above said activities, and in each phase of ft. I request that in the event of any medical or other emergency involving my child during the above named events, When neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy/Contract Number: \_\_\_\_\_

Medical Conditions (i.e., allergies or chronic illness): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_