

ARCHDIOCESE OF CHICAGO
Child/Minor Athletic Participation Release Form

Child/Minor Name:

Address:

Parent/Guardian Name:

Confirmation Number:

Home Phone #:

Work Phone #:

Important Information

The Catholic Bishop of Chicago (the CBC) and St. Cajetan 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 an inherent risk of injury when choosing to participate in athletic activities. The CBC and St. Cajetan Parish continually strive to reduce such risks and insist that all participants follow safety rules and instructions which have been designed to protect the participants safety.

Please recognize that the CBC and St. Cajetan 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 St. Cajetan Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and St. Cajetan 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 claims for you or your minor child/ward might sustain arising out of this program.

Program: _____ **Program Date:** _____ **Grade:** _____

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, St Cajetan Parish and their agents, servants, and employees.

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

I further agree to indemnify and hold harmless and defend the CBC and St. Cajetan 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 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 St. Cajetan Parish officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment 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, waiver and release of all claims and permission to secure treatment.

Parent/Guardian Signature: _____ **Date:** _____