Archdiocese of Chicago
St. Gerald School
Extra-Curricular Sports Participation Permission

Student's Name _____Grade_____

Address_____

Parent/Guardian Name_____

Home Phone #_____Work Phone #_____

Emergency Contact Name _____Phone #_____

Important Information

The Catholic Bishop of Chicago (the CBC) and St. Gerald Parish are committed to conducting athletic programs and activities in the safest manner possible and hold 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 any of its programs. The cost 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 medical accident insurance, the CBC and the 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 your or your minor child/ward might sustain arising out of this program.

As 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 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 any of the sports programs, against the CBC, the Parish and their agents, servants and employees.

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 losses sustained by me or my child/ward and 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.

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(Parent/Guardian Signature) (Date)