



Diocese of Fall River

School
Voluntary Athletics/Extracurricular Programs

Parental Consent/Release Agreement

I, _____, the parent/guardian of _____,
Name of Parent/Guardian *Name of Child*

in consideration of my request to allow this child the opportunity to participate in athletics/extracurricular activities, particularly the sport/activity of _____.
Name of sport/activity

for School year 2009-2010, agree to assume all responsibility associated with participation in the sport/activity. I have made the School aware of any medical condition of this child that may have an impact on his/her participation. I grant to the School, its agents, employees, and representatives my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission. I agree to be in all ways responsible for any and all expenses associated with any and all medical care furnished to this child.

I have instructed this child to adhere to all School rules, regulations, and instructions associated with participation in this sport/activity. I understand that failure to comply with any such rules, regulation or instruction may result in this child's exclusion from participation. I agree that I will be responsible for all property entrusted, issued to or availed to this child and will be liable for the replacement of all such property.

I am aware of and accept the inherent risks of injury associated with participation in athletics/extracurricular activities, including but not limited to the risks associated with transportation to and from the event(s), the risk of catastrophic injury, paralysis, or even death. I agree to release and hold the School and the Diocese of Fall River and their agents, employees, and representatives, forever harmless and indemnified against and from any and all liability, loss, damages, cost claims and/or classes of action, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such claim resulting from, arising out of, or during, or in any way connected with this child's participation in athletics/extracurricular activities. I also agree to release and hold the School and Diocese of Fall River and their agents, employees, and representatives forever harmless and indemnified against and from any and all claims of rights of action for damages which this child has or hereafter may acquire either before or after the child has reached majority including but not limited to bodily injuries and property damages, and including any legal fees in defending such claim, resulting from, arising out of, or during, or in any way connected with participation in athletics/extracurricular activities.

Signature of Parent/Guardian

Date

Emergency Telephone Number(s) where Parent/Guardian can be contacted:

(1) _____ (2) _____ (3) _____