

**St. Celestine Athletic Committee
Child/Minor's Athlete Participation
Release Form**

Please print clearly:

Child's Name: _____

Home Address: _____

City: _____ State: IL Zip Code: _____

Home Phone: _____ Parent Work Phone: _____

Important Information

The Catholic Bishop of Chicago (CBC) and St. Celestine Parish (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 children in the 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 continually strive to reduce such risks and insist that all participants follow safety rules and instructions, which have been designated to protect the participants' 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 the program fee prohibitive. Therefore, each person registering himself or herself or a family member for a recreation program/activity should review his or her own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC and 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 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 claims for injuries, you or your minor child/ward might sustain arising out of the athletic program.

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 and losses which 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 and the Parish and their agents, servants and employees from any medical 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 and the 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 all medical services rendered.

I have read and understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

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