

St. Patrick Interparish School

Interscholastic Sports Program

Parental Permission, Waiver of Liability, and Insurance Disclosure

I, \_\_\_\_\_ (Parent name) hereby give permission for my child, \_\_\_\_\_, whose birth date is MONTH \_\_, Day \_\_, Year \_\_, to participate in the St. Patrick School Athletic \_\_\_\_\_ (name of sport) Program.

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the interscholastic sport program described above and further consents to all conditions for participating in this sport program as set forth in the School Policy Handbook, and as established by the Athletic Director and or coaches and school administrators. It is understood that the events of this program will take place both on the school grounds and away from the school grounds, and that the student will be under the supervision of a designated school employee(s) during the stated hours of this program.

For and in consideration of the student being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estevez, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, individually, the above-noted school, and employees and agents of said parties engaged in this particular program, their personal representatives or assigns, from any loss or damage on account of any injury to the person or their personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated program or in transportation to and from events under this program. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

the undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the student, and the student's parents, personal representatives assigns, heirs, and next of kin.

In the event of illness or injury to my child during this event, I authorize necessary emergency medical care. My child's personal physician is \_\_\_\_\_, telephone number \_\_\_\_\_. I can be reached at the following telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_.

My child is covered under an accident and health insurance policy with \_\_\_\_\_ insurance company, policy number \_\_\_\_\_. I understand that if any change occurs in this insurance policy or in the name or number of my child's personal physician, I will immediately notify the school office and provide the new information. I further understand that the accident insurance purchased by the school for the sports program provides limited benefits and that these benefits are payable only after my primary coverage has been exhausted.

I agree to reimburse St. Patrick Interparish School for any missing equipment issued to my child.

\_\_\_\_\_

Date: \_\_\_\_\_

(Parent / Guardian / Representative Signature)

**Please include payment WITH this form (checks payable to: St. Patrick Athletic Program.) See fees below:**

**Golf \$75, Track \$35, ALL OTHER SPORTS ARE \$100.**