

ST. LAWRENCE
SCHOOL



Athletic Consent and Release from Liability Certificate

Student Name: _____ Grade: _____

School: **ST. LAWRENCE SCHOOL**

Sports in which student plans to participate: _____

- A. I/we hereby give consent for child/ward to participate in the interscholastic sports that I have listed above.
- B. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

C. Insurance Information

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000

Company: _____ Policy Number: _____

All players need to fulfill physical exam requirements, completing and submitting required forms prior to participation in practice or games.

A \$ _____ check (check # _____) is attached.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELIASE:

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Parent/Guardian: _____