

INFORMED CONSENT AND WAIVER FORM

My child and I are aware that participating in _____ at St. Joan of Arc School is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other risk conditions.

I understand this informed consent form and hereby waive, release, and forever discharge any and all claims against St. Joan of Arc School, its administrators, employees, volunteers, or agents, as well as the Diocese of Trenton and the Bishop of the Diocese of Trenton, for damages and/or injuries to the undersigned which may arise from participation in this sport and in consideration of maintaining this sports program and allowing my child to participate in same. I do hereby covenant, promise, and agree to indemnify and hold harmless the School and the Diocese of Trenton and all the administrators, employees, volunteers, and agents of both from and against any claim or claims brought by and/or upon behalf of my child or by and/or upon behalf of any other person arising out of and/or in any way connected with participation in this sport.

CHILD'S NAME _____

CHILD'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I hereby give permission for _____ to participate in _____ at St. Joan of Arc School during the season beginning _____.

As parent/guardian, I do hereby authorize the treatment of my child by qualified medical personnel in an emergency situation. I grant this authority only when I cannot be reached through a reasonable effort, or when any delay of treatment could endanger my child's life, cause disfigurement, physical impairment, or undue discomfort.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____

PARENT'S WORK/CELL PHONE: _____ MOTHER

_____ FATHER

PERSON TO CONTACT IN EMERGENCY: _____

PHONE: _____

FAMILY PHYSICIAN'S NAME: _____

PHONE: _____

Pre-existing medical conditions of child/participant (e.g. allergies, chronic illness, etc.)

