



**DIOCESE OF PALM BEACH
SPORTS CONSENT AND RELEASE FROM LIABILITY**

Student: _____ School: St. Helen Catholic School

Sports in which the student plans to participate: _____

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we am aware of the potential danger of concussions and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
- C. 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 school against which it competes, the contest officials and coaches, and the Diocese of Palm Beach including all of its affiliated entities and agents of any and all legal 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 coaches and the Diocese of Palm Beach because of any claim, costs, or cause of action arising in any way from 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.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sports activity until this document is on file with the principal.

Parent/Guardian

Parent/Guardian

Date

Note: This document must be completed and endorsed by the student's parent or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal.

Diocese of Palm Beach
Athletic Participation Consent and Release

Name of Participant: _____

Name of Parent/Guardian: _____
(If applicable)

Address and Telephone Number of Parent/Guardian:

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - _____

Emergency Contact Information (include telephone number and address):

Name: _____ Phone: (____) - _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Athletic Activity:

I hereby freely and voluntarily consent to participation in the athletic activity described above. I agree to assume all financial responsibility for participation in the athletic activity and hold John Carroll High School, Inc., Diocese of Palm Beach, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this athletic activity.

I, the undersigned, a participant in the athletic activity described above, do waive and release Sponsor from liability for any injury, accident, or damages stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I understand that athletic activity involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such activity, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at their discretion, to place me at my own

DIOCESE OF PALM BEACH FIELD TRIP CONSENT AND RELEASE

Diocese of Palm Beach
Field Trip Consent and Release

Entity: Remember to keep Field Trip
Consent and Release Forms on file for 4



EVENT: <u>School Sport - SHCS</u>	
DESTINATION: <u>Away game location</u>	
DATE(S):	
NAME OF PARTICIPANT:	CELL PHONE:

PARENT/GUARDIAN:	PHONE NUMBER:	
PARENT/GUARDIAN ADDRESS:		
CITY:	STATE:	ZIP:

EMERGENCY CONTACT INFORMATION

NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

SPECIAL NEEDS INCLUDING FOOD ALLERGIES:

If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold SHCS (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions, or conditions within or outside Sponsor's control. By my participation in this program, I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents' or my guardians') expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company, and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

*

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims

arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

X

Signature of Parent/Guardian:	
Print Name:	Date:

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat.

540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

X

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

X

Signature of Parent/Guardian:	
Print Name:	Date:

February 2017