

***St. Mary's Catholic School***  
***2016 - 2017***

**Consent to Participate, Emergency Medical Information, and Release**

**Participant:** \_\_\_\_\_ (name)

**Parents:** \_\_\_\_\_ (names)

**Event:** St. Mary's Catholic School Athletics.

**School:** St. Mary's Catholic School, a Texas non-profit corporation, including its faculty, coaches, employees, contractors, clergy, agents, facilitators, and volunteers.

- A. Parents represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the Event.
- C. Parents acknowledge and agree that:
- (1) Participant and Parents voluntarily seek to participate in the Event;
  - (2) the Event involves sports and physical activity that involves risk of injury;
  - (3) Participant will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
  - (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
  - (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event or other participants, Participant may be suspended or expelled from the Event.
- D. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the School, to seek and authorize emergency medical care to be given to Participant. *(Note: It is therefore important for the information on the second page of this form to be completed).*
- E. **To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the School and the Catholic Diocese of Austin from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This release, indemnity, and hold harmless agreement covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage or loss. Parents and Participant assume all risk of injury or loss to themselves or their property.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Complete the Emergency Contact and Insurance Information on the second page to this document.*

***St. Mary's Catholic School***  
**2016 - 2017**  
**Emergency Contact and Insurance Information**

**Participant:** \_\_\_\_\_ (*name*)

**Parents:** \_\_\_\_\_ (*names*)

In the event of an emergency contact: \_\_\_\_\_  
\_\_\_\_\_ (*phones*)  
\_\_\_\_\_

Alternatively, contact: \_\_\_\_\_  
\_\_\_\_\_ (*phones*)  
\_\_\_\_\_

Participant's Insurance Carrier: \_\_\_\_\_  
\_\_\_\_\_ (*Phone*)  
\_\_\_\_\_ (*Address*)  
\_\_\_\_\_  
\_\_\_\_\_ (*Policy Number*)

Participant has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant is currently taking the following medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_