

**ARCHDIOCESE OF CHICAGO
CHILD/MINOR ATHLETIC PARTICIPATION RELEASE FORM**

CHILD/MINOR NAME: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK/CELL PHONE _____

E-MAIL ADDRESS: _____

IMPORTANT INFORMATION

The Catholic Bishop of Chicago (the CBC) and St. Rene Parish (the Parish) are committed to conduction athletic programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their child/minor for athletic programs must recognize that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist that participants follow rules and instructions which have been designed to protect their safety.

Please recognize that the CBC and the Parish do not carry medical accident insurances for injuries sustained in its programs. The cost would make program fees prohibitive. Therefore each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish requires the execution of the following Waver and Release. Your cooperation is greatly appreciated.

Waver and Release of all Claims

Please read this form carefully and be aware in registering you minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your child/ward might sustain rising out of this program.

Program: _____ Program Date: _____

I, the participant in the program, recognize and acknowledge that there are certain risks or physical injury and I agree to assume the full risk of any injuries (including death) damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such program.

Parent/Guardian
Signature: _____