

**PARENT/GUARDIAN CONSENT, RELEASE OF LIABILITY AND  
INDEMNIFICATION FOR EXTRA-CURRICULAR SPORTS**

NAME OF STUDENT \_\_\_\_\_ DOB: \_\_\_\_\_

PARISH/SCHOOL: Saint Ann School GRADE: \_\_\_\_\_

SPORT(S) PLAYED AT SAS: \_\_\_\_\_

The above referenced sport(s) involves certain risks, including but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to serious injury or death. The sporting activities may be conducted at sites that are remote from available medical assistance and any equipment provided for protection may be inadequate in preventing serious injury.

PLACE OF DEPARTURE/RETURN: SAINT ANN SCHOOL/ SAS OR DESIGNATED PICK-UP AREA  
MODE OF TRANSPORTATION: AUTOMOBILE

I, the parent/legal guardian of the above named student, for myself and student, our heirs, personal representatives, assigns and next of kin, request that student be permitted to participate in the above referenced school sponsored sport(s) and be transported to games in consideration for the agreement by the parish/school to permit student's participation, and intending to be legally bound, do hereby:

1. Release, discharge and covenant not to sue the Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School; and their employees, agents and volunteers (hereinafter Releases), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of student in conjunction with said sport including travel to and from, whether caused by the negligence of the Releases or otherwise; excepting gross negligence or intentional wrongdoing.
2. Indemnify and hold harmless the Releases and each of them from any loss, liability, damage or cost they may incur incident to student's participation in the above sport(s), whether caused in whole or part by the negligence of Releases or otherwise, excepting gross negligence or intentional wrongdoing.

I further represent that student is covered by accident and health insurance and I agree to maintain coverage in full force and effect. I have completed a Medical Authorization which is on file with the sponsoring parish/school in the event emergency medical care is required.

I do further agree that the school/parish officials, agents, and/or employees have the right to terminate the participation of the above student for reasonable cause, as determined within the discretion of the coach.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_