

WAIVER AND RELEASE AGREEMENT

WARNING! PLEASE READ CAREFULLY!
THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND ABILITY TO CLAIM
PLEASE READ IT CAREFULLY BEFORE SIGNING

St. Laurence High School strives to provide awareness of possible risks associated with use of the facilities and participation in athletics. It should be understood that there are risks and dangers inherent with participation in any physical activity.

The undersigned agrees as follows:

a) **I ACKNOWLEDGE THAT STL** programs and activities require a minimum level of fitness and physical, mental and emotional health (collectively "health"). **I FURTHER UNDERSTAND AND ACKNOWLEDGE** that the probability of an injury occurring depends in part on MY/MY CHILD'S level of fitness and health as well as on the awareness, care and skill with which I/MY CHILD conduct myself/his or herself.

b) **I ACKNOWLEDGE THAT THERE ARE RISKS AND DANGERS** inherent with participation in a physical activity. **THESE RISKS AND DANGERS INCLUDE BUT ARE NOT LIMITED TO:** the possibility physical injury to MYSELF/MY CHILD or others, such as skin abrasion, muscle strain, nerve or muscle damage, broken bones, concussion, soft tissue damage, infectious diseases, cardiac arrest, even including the possible risk of severe or fatal injury.

c) **I ACKNOWLEDGE THAT MY/MY CHILD'S** participation in any STL program or activity is purely voluntary and such participation is done **AT MY/MY CHILD'S OWN RISK** and I am free to withdraw at any time.

d) **I ACKNOWLEDGE THAT IT IS MY PERSONAL RESPONSIBILITY** to ascertain whether I/MY CHILD has any health conditions which make it inadvisable to participate in any STL program or activity.

e) **I ACKNOWLEDGE THAT STL** is not responsible for any lost, damaged or stolen property.

f) **I ACKNOWLEDGE THAT STL** hires a professional trainer to help with and give advice about injuries and or prevention of such. I understand that the trainer has the right to deny MY/MY CHILD'S participation in an event due to injury unless I present a signed Doctors note to the contrary. If a note is presented, I release **STL** and the trainer from any liability in the event of further injury or death related to the incident mentioned earlier in this article. All athletic injuries at **STL** are initially sent to the trainer for immediate care. After that, parents should take their child to their primary care physician or medical provider. **STL and** its employees have no authority to direct or refer students to certain physicians or clinics for treatment of injuries. The only time a student may be sent to a hospital by an STL employee is in an emergency case where immediate care is needed that is beyond the scope of the first respondents and a family member is not immediately available.

Minor Child Participant (Print Name): _____

I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

Minor Child Participant (Print Name): _____

I declare that I have read, understood and agree to the contents of the above **WAIVER AND RELEASE AGREEMENT** form in its entirety this ____ day of _____, 20 ____ . **Parent/Guardian Signature** _____

Minor Child Participant (Print Name): _____

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