

AUTHORIZATION FOR ATHLETES TO RIDE

To Whom It May Concern:

_____, a student at Notre Dame Preparatory School, has my
(student's name)
permission to ride with _____ to and/or from athletic
driver's name/s
events/activities during the sports/seasons below.

Sport/s _____ Athletic Season/s _____

School Year _____

Method of Transportation _____

As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the events/activities described above. I understand that these events/activities will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in athletic events or team activities, I hereby agree on behalf of myself and my child, to release Notre Dame Preparatory Marist Academy, the Roman Catholic Archdiocese of Detroit and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the events/activities. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the events/activities. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: _____ to the NDPMA Athletic Department
(Date)