

Xavier High School Athletic Department

Luke Herriges, Athletic Director

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RISK/WAIVER ACKNOWLEDGEMENT FORM

We realize there is a possibility that an athlete may suffer injury, including permanent paralysis or death, as a result of participating in athletic activities.

In light of this information, we the parents/guardians and/or our son/daughter will not hold Xavier High School or any of its employees liable in any way for injuries sustained while participating in the interscholastic athletic program offered by Xavier.

Athlete's Name (*Please print*): _____

This student will graduate with the class of 20____.

Signatures:

Signature of parent/guardian

Date

Signature of athlete

Date

*This form needs the signatures of BOTH the parent/guardian and the athlete.

THIS FORM IS TO BE COMPLETED JUST ONE TIME AND WILL BE IN EFFECT FOR THE ENTIRE PERIOD WHILE THE STUDENT IS ENROLLED AT XAVIER.