



NOTRE DAME HIGH SCHOOL

ATHLETICS

NON-NDHS Assumption of Risk for Potential Injury Waiver Consent to Treatment of Minor

Child's Name: _____ Date of Birth: _____

Date: _____ Sport: _____ Facility: _____

Parent/Guardian Name: _____ Contact #: _____

Emergency Contact Name (incase above name cannot be reached): _____

Contact #: _____ Relationship: _____

Medical History:

Medications:

By signing below, as the parent or legal guardian, I give permission for my child to participate in athletic activities on Notre Dame High School's Campus and understand that these athletic activities are designed to increase the workload on the musculoskeletal system and cardiovascular system. I, too, understand there is a potential risk for a musculoskeletal injury and even serious injury, disability, or death as a result of my child participating in any athletic activity. In the event I cannot be reached in an emergency, I hereby give my permission to medical personnel and Notre Dame staff to seek medical attention and provide care to my child. I understand the legal consequences of signing this document including: the release of Notre Dame High School in the entity of the Diocese of San Bernardino Roman Catholic Church from all liability, promising not to sue, and assuming all risks of participating in this activity, including travel to, from and during the activity.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

This waiver is good for a year from the date above