ST. ANNE SCHOOL

ATHLETIC/ACTIVITY WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND

INDEMNITY AGREEMENT

Students'/Athlete's Last Name, First, Middle Initial	Date of Birth	Grade	Home Phone

Father (Guardian) Cell Phone	Father (Guardian) Work Phone	Mother (Guardian) Cell Phone & Work Phone

Emergency Contact #1	Phone	Cell Phone	Relationship to Student

Emergency Contact #2	Phone	Cell Phone	Relationship to Student

PARENT'S OR GUARDIAN'S CONSENT: Participation in St. Anne School's (the "School") activity program is voluntary. My child and I agree to abide by the School's **Code of Conduct.** I give my full, informed, and voluntary consent for the above-named student/athlete ("Student") to compete in a School sport or related activity which include, but are not limited to: flag football, volleyball, basketball, soccer, track and field, lacrosse, cross country and all other sports (collectively, "Activities").

ACKNOWLEDGEMENT OF RISKS: I agree and understand that there is an inherent risk of serious injury, worsening of an existing medical condition, or death from participation in the Activities. I agree and understand that risks associated with the Activities include, but are not limited to: injuries from running, jumping or sliding, including on a dirt, sand, gravel, grass, or artificial turf field; falls, including from significant heights; contact with walls and equipment; injuries from jumping, other movements, bad or other decision-making, inattention, and/or other actions of students, School, and/or volunteers or others; misuse or failure of equipment; and risks of multiple different types of personal injuries, accidents and/or illnesses, including but not limited to sprains, tom muscles, tendons, and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/or contusions, dehydration, oxygen shortage, head, neck, and or/spine injuries, allergic reaction, shock, paralysis, or death. Student may suffer trauma to joints or internal organs, as well as concussions and other brain and neurological injuries. I understand and acknowledge that the risks listed in this Agreement describe some but not all of the risks associated with the Activities, and the description of these risks is not complete, and unknown or unanticipated risks in the Activities may result in injury, illness, or death. I also understand the

emotional risks connected to any physical injury that may result include, but are not limited to: stress, tension, anxiety, depression, and other emotional and psychological injuries.

ASSUMPTION OF RISKS: I understand and acknowledge that certain risks are inherent in Student's participation in the Activities that cannot be eliminated regardless of care taken to avoid injury, accidents, or illness, as outlined in the preceding paragraph. I assume the liability and responsibility for any such risks associated with Student's attendance and participation in the Activities.

STUDENT RESPONSIBILITY: Students are responsible for minimizing risk through responsible behavior. This includes adherence to School, team, and activity rules and directions from coaches, instructors, volunteers, faculty, and staff. Failure to do so will significantly increase the risk of injury. The Student understands and agrees that because of the dangers of participating in the Activities, it is important to follow instructions of coaches, instructors, volunteers, faculty, and staff. Even if Student follows all working directions, instructions, rules, and exercises utmost personal care, there will remain a certain irreducible inherent risk to the Activities, and I will accept that risk.

EMERGENCY TREATMENT CONSENT: I consent to School's administering or consenting to the administration of such emergency medical care to the Student as such person deems appropriate in the circumstances and hereby authorize medical treatment in case of emergency.

It is understood that reasonable effort shall be made to contact the undersigned parent(s) or legal guardian(s) prior to rendering medical treatment to Student, but that treatment will not be withheld if the undersigned cannot be reached.

CLASSROOM DISMISSAL CONSENT: The Student may miss instructional time on the day of an event. On a day when School is in session, a student must be in attendance a minimum of half (1/2) day in order to participate in a game.

****Parents to arrange transportation home from the game. ****

PHYSICAL FITNESS CERTIFICATION: I hereby certify that Student was given a general physical examination and based on that examination had no illness or impairments that would prevent him or her from engaging in the Activities.

TRANSPORTATION: I understand that I am responsible for transportation of my child to and from all athletic events/practices. I acknowledge that the St. Anne School has no responsibility or liability for transportation of my child to and from events/practices.

SPECIAL MEDICAL INSTRUCTIONS/CONDITIONS/ALLERGIES: (example: inhalers/EpiPen®)

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Please note: Parents are responsible for providing inhalers and EpiPens for off-site events.

**** Students are not permitted to carry medication.****

INSURANCE CERTIFICATION: I agree that the cost of any emergency or other medical care or related services provided to or obtained by Student in connection with his or her participation in the Activities is not School's and/or volunteers' responsibility, but is solely the responsibility of Student and Student's parent(s)/legal guardians to pay either through insurance and/or direct payment to the medical and emergency service providers. I certify that Student is covered by health/accident insurance that provides protection for accidental bodily injury as required by the School for participation in the Activities during the school year. Student is covered for the School's activity program under our family health/medical plan.

Please provide a copy (front and back) of your child's health card or other proof of insurance.

Name of Insurance Company Policy Holder Policy Number

WAIVER: I voluntarily release, discharge, waive, and relinquish all claims against School, its trustees, board members, employees, representatives, and volunteers ("Released Parties") from any and all liabilities arising out of ordinary negligence related to Student's participation in the Activities, including, but not limited to, claims for bodily injury, personal injury, emotional distress, property damage or wrongful death. It is the intent of this Agreement to relieve the Released Parties from liability to the fullest extent permitted by law.

INDEMNIFICATION: To the fullest extent provided by law, I agree to indemnify the Released Parties against, and agree to hold them harmless from, any and all liability, claims, demands, actions, and causes of action whatsoever arising out of Student's actions related to participation in the Activities.

INTEGRATION: This Agreement constitutes and contains the entire agreement and final understanding concerning Student's participation in the Activities. This Agreement supersedes and replaces all prior agreements, proposed or otherwise, written or oral, concerning the subject matter hereof. This is a fully integrated agreement.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this Waiver of Liability, Assumption of Risk and Indemnity Agreement fully and understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the Agreement freely and voluntarily, and intend by my signature for it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activities. I hereby assert that Student's participation is voluntary and that I knowingly assume all risks. I hereby give my full and informed consent, authorization, and permission for Student to participate in the Activities. I agree to notify the School in writing if Student cannot safely participate

in the Activities. Parent(s)/legal guardian(s) and Student affirm that they have been afforded the opportunity to read and seek clarification from the School regarding this Agreement.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND ACCEPTED

ALL TERMS OUTLINED IN THIS AGREEMENT.

Signature of parent or guardian indicates agreement with ALL of the above items Date

Signature of parent or guardian indicates agreement with ALL of the above items Date

Student Signature Printed Name Date