



Waiver of Liability/Permission to Treat

Waiver of Liability/Permission to Treat - I hereby give written permission for my child to attend the aforementioned Summer Athletic Camp(s) and/or Summer Enrichment Courses at Melbourne Central Catholic High School. I understand that there is an inherent risk of injury involved with participation in athletics. As a parent/guardian, I do hereby authorize treatment for my child by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairment or undue discomfort if delayed. I grant this authority only after a reasonable effort has been made to reach me. By granting permission, I also waive any claims against the Diocese of Orlando, Melbourne Central Catholic High School, and any of their religious employees, volunteers, agents, and representatives from any harm that occurs to my child while participating in any Camp or Course Melbourne Central Catholic High School sponsors.