

Holy Hawks Sports Liability and Medical Waiver

(Cross Country, Volleyball, Volleyball Skills, Basketball, Basketball Skills, Run for Fun and Summer Camps)

Student's Name: _____

Medical Consent: In the event of injury to the above-named student, I, the undersigned parent/guardian, hereby authorize the program personnel present to arrange for medical services as may be deemed reasonable and necessary until such time as I may be contacted. I release Holy Family Catholic School, its directors, officers, agents, and employees (hereinafter, collectively "HFCS") from any responsibility in the case of accident or injury to my child. I also assume responsibility of the payment of any treatment received. The insurance company that covers any medical expenses related to injuries sustained as a result of the above-named student's participation in the Holy Hawks cross country, volleyball, volleyball skills, basketball, basketball skills, Run for Fun and Summer Camps team follows.

Medical Insurance Company: _____

Policy #: _____ **Group #:** _____

Liability Release: I give permission for the above-named student to participate in the Holy Hawks Cross Country, Volleyball, and/or Basketball sports team. I hereby release HFCS from all liability for damages by reason of injuries or property damages that may be sustained as a result of participation in these programs. Should the above-named student be injured as a result of his/her participation in the above-named sports programs, including organized transportation to and from this activity, whether or not caused by the negligence of the school or any of its agents or employees, I assume responsibility of payment for any resulting hospital, medical, or related costs. I release, waive, discharge, and hold harmless HFCS for all liability to the above-named student and undersigned, for any and all loss, injury, or damage, and for any actions, claims, demands, damages, costs, or expenses which may arise from the above-named student's participation in the Holy Hawks CC.

Photo Release: I understand that from time to time, HFCS produces promotional materials relating to its programs. I hereby give HFCS and its assignees permission to use the photographs, motion pictures, or any reproductions of the above-named student's physical likeness in any manner it deems proper. I relinquish all rights, title, and interest I may have in the finished pictures and/or copies. I waive the right of prior approval to any finished products and hereby release HFCS from any and all claims from damages of any kind based on the use of said material.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Note: If your player requires an inhaler medication for practices and games, please note information below. It will be the responsibility of the coach, a parent, or afterschool staff to have this medication available to the player during practices and games. If games are away, the coach or a parent will be responsible for collecting the medication from the school office and returning it to the school office the following morning.

Name: _____ **Medication:** _____