

Frassati Catholic High School
Falcons Athletics Summer Training 2018
RELEASE AND WAIVER FORM

Parent or Guardian Information

Names: _____

Email Address: _____

Emergency Phone: ()

Contact Name: _____

Emergency Phone: ()

Contact Name: _____

RELEASE AND WAIVER

In consideration of my child being allowed to participate, by signing below I give consent for my child, _____ to participate in the Falcons Athletics Summer Training program to be held at Frassati Catholic High School in 2018. I hereby certify that he/she is physically capable of participating and I realize that there are risks involved in participating in the program. I understand that my child may suffer injuries as a result of participating in the Frassati Catholic High School Falcons Athletics Summer Training program, including personal injury, permanent disability, or death. Knowing and assuming all risks involved, known and unknown, and in consideration of my child being allowed to participate, by signing below, I, on my behalf and that of my child, our heirs, administrators and executors, to the fullest extent permitted by Texas law, release and agree to hold harmless Frassati Catholic High School, and all persons or entities associated with Frassati Catholic High School and Frassati Catholic High School Falcons Athletics Summer Training program from any negligence, responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this program, including personal injury, disability, or property damage that may be incurred throughout the duration of this program.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.

After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this program.

Signature of Player _____ Date _____

Signature of Parent/Guardian _____ Date _____