



***CONSENT TO PARTICIPATE AND ACKNOWLEDGEMENT OF RISK***

The undersigned is the Parent/Guardian of \_\_\_\_\_ and is  
(Print student name)  
familiar with her/his desire to participate in \_\_\_\_\_. By signing  
this form, I, \_\_\_\_\_ certify that I request and give my  
(Parent/Guardian)  
permission for her/him to engage in approved sports activities and to receive  
transportation to and from athletic events. I also understand that participation in athletic  
activities creates risks normally associated with such vigorous activity that may involve  
body contact. I request that the appropriate school staff or medical personnel render  
emergency treatment, including transportation to a medical facility, if required, when  
associated with athletic injury or illness. I also hereby release the coaches,  
administrators, school, and parish from all liability and waive any claims against them.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)