

Salesian College Preparatory Participation Release Form

I hereby give my consent for my child (*print name*) _____ to participate in activities at Salesian College Preparatory ("Salesian"), including, without limitation, the following: sports, service days, retreats, camps, events, and clinics.

In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or health of my child, I hereby provide the following permission, with the understanding that reasonable effort will be made to contact me in an emergency:

I hereby grant permission to medical personnel rendering care to my child to accept from Salesian's staff (which includes, without limitation, volunteers, chaperones, coaches, guests, agents, invitees, and other persons associated with Salesian) ("Staff") permission and consent for emergency medical and dental evaluation and treatment, including, but not limited to diagnostic, drug, and/or alcohol testing and/or surgical procedures on my child.

I hereby specifically grant permission to the Salesian athletic training personnel (ATC) to assess injuries and make appropriate recommendations upon assessment deemed reasonably necessary to the health and well-being of my child. I understand this assessment is not intended to replace a physician's diagnosis/care and should not be viewed as a substitute. In the event that the Salesian ATC determines that further medical attention is deemed necessary, my child may be immediately referred to a physician. I further release the Salesian ATC and its volunteers from any liability for damage and injury to my child and hereby accept full responsibility for any and all damage or injury sustained as a result of participation in sports and/or activities connected to Salesian. I attest that my child's information below is correct to the best of my knowledge.

I further give Salesian and its Staff permission to: (a) release pertinent health information concerning my child to responding EMTs and the treating hospital and/or physician; (b) give the treating hospital and/or physician permission to release copies of all medical records, laboratory and radiology reports to Salesian, and (c) to administer epi-pens or medications that have been prescribed for my child.

I agree that I will be responsible for any medical/pharmaceutical costs incurred that are not covered by medical insurance. I also agree that Salesian, including its Staff, will not be liable for unknown or unforeseen conditions arising from medical/nursing treatment or medications received by my child.

I voluntarily agree, covenant, and promise to accept and assume all responsibilities and risk for injury, death, illness or disease, or damage to myself, my child identified above, or to my property arising from my child's participation in any sport or activity at Salesian, including without limitation to any transportation of my child, and the use of the premises, facilities, equipment, and services offered by Salesian. I, for myself and for my child, voluntarily release and forever discharge and covenant not to sue Salesian or its Staff from any and all liability, claims, demands, actions, or rights or action, which are related to, arise out of, or are in any way connected with my child's participation in activities connected to Salesian and the use of the premises, facilities, equipment, transportation, and services offered or arranged by Salesian in connection with such activities, including, but specifically not limited to any and all negligence or fault of Salesian and its Staff.

I further agree, promise, and covenant, on behalf of myself and my child specifically above, to hold harmless and to indemnify Salesian and its Staff and all other persons or entities related to Salesian College Preparatory, from all defense costs, including attorney fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death or property damage brought by me, my child, or on our behalf.

Medical Insurance Carrier: _____

Group ID # and Subscriber ID #: _____

Family Doctor's Name and Phone #: _____

I may be reached at (home #) _____ (work #) _____ (cell #) _____

My child suffers from the following physical conditions or allergies that might result in emergency care: (e.g., Diabetes, asthma, hypertension, epilepsy, etc.): None _____ or List Condition(s): _____

My child is allergic to the following drugs/food: _____

I further acknowledge that I am in the best position to determine the physical ability of my child to participate in activities offered or arranged by Salesian. I acknowledge that my child is in good physical and mental health and is not suffering from any condition, disease, or disablement that would or could potentially adversely affect participation in any sport or activity at Salesian.

(Continued on Reverse Side)

Transportation To and From Activities

I hereby grant permission for my child to ride in school vans and/or buses and, if there are two or more students, ride-share services arranged by Salesian or its Staff for purposes of transportation to or from sporting events.

Assignment of Photographic, Motion Picture, Video, and Sound Recording Rights

Parents/Guardians authorize Salesian and its officers, agents, and employees to photograph, record, film, or videotape their student(s) and/or their families in connection with Salesian events and/or activities.

Parents/Guardians understand that any photograph, sound recording, motion picture, or video taken of their student(s) and/or their families under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving Salesian's mission of research, education, and public service, and for promoting the public good.

Parents/Guardians hereby assign to Salesian all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and they hereby irrevocably authorize Salesian, its officers, agent, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute, in any medium now known or later developed, and any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purpose expressed above.

Parents/Guardians further release and forever discharge Salesian, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

Parents/Guardians have read and understood the provisions of this agreement and understand that they are free to obtain from legal counsel of their choice, at their expense, to interpret these provisions. By signing this agreement, they acknowledge that they have freely and voluntarily entered into this agreement.

I HAVE READ BOTH SIDES OF THIS FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS FORM IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signed: _____ Print Name: _____ Date: _____

Print Child's Name: _____ DOB: _____

Address, City, Zip: _____ Telephone Number: _____