

## Sports Registration/Waiver Release Information Form

### Waiver and Release of All Claims

As the parent/guardian of the participating student in the Frassati Catholic Academy Athletic Department program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with Frassati Catholic Academy Athletic Department. I do hereby fully release and discharge the Catholic Bishop of Chicago, Transfiguration Parish, Frassati Athletic Department, Athletic Director, coaches, and assistant coaches from any and all claims from injuries, (including death), damage or loss which I or my child/ward may have accrue to me or my minor child/ward on account of participation in this program. In the event of any emergency, I authorize the Catholic Bishop of Chicago, or Frassati Catholic Academy and/or athletic department officials to secure from any licenses hospital physician, and/or medical personnel any treatment deemed necessary for my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.