

ARCHBISHOP McCARTHY HIGH SCHOOL, INC.

PARENTAL CONSENT AND RELEASE OF LIABILITY FORM

I, _____, the parent/legal guardian of _____, a student at _____ High School, Inc. ("School") for myself and the above-named student, our legal representatives, next of kin and assigns (hereinafter jointly referred as "Student" request that Student be permitted to participate in _____ a school-recognized sports program ("Program"). I understand that as a condition of participating in the Program, Student must have a physical examination by a doctor clearing the student for physical activity. By signing this Consent and Release, I hereby:

1. Certify that Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to the school signed by the doctor which clears Student to participate in said Program prior to him/her engaging in any activity;
2. In the alternative, I agree to allow my son/daughter to be examined at the school by a person or persons arranged by the school. I hereby acknowledge that the person or persons arranged by the school are independent contractors who are not employed, controlled or operating for the benefit of the school. The school is acting to facilitate the examination for the benefit of Student and with the Student's consent and release;
3. Release, discharge, indemnify and covenant not to sue High School, the Archdiocese of Miami, The Most Reverend John C. Favalora individually or as a corporation sole and their employees, agents and volunteers ("Releasees") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such Program or the medical examination;
4. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage, claim or cost they may incur incident to Student's participation in the above, whether caused in whole or part by the negligence or Releasees or otherwise;

I further represent that Student is covered by accident and health insurance apart from any coverage provided by School which is primary to any other coverage, and I agree to maintain coverage in full force and effect while Student participates in the program.

I further agree that School, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Program.

I acknowledge that the Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the Program. I agree that Student may participate in the Program regardless of its inherently dangerous nature.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____