

School Name \_\_\_\_\_

Sport 2019-2020

Coach \_\_\_\_\_

Participant Name \_\_\_\_\_

Participant Grade \_\_\_\_\_

Participant Date of Birth \_\_\_\_\_

Participant Phone # \_\_\_\_\_

Participant Address \_\_\_\_\_

(include zip code) \_\_\_\_\_



### Release/Authorization to Participate Form

I, \_\_\_\_\_, am the parent and/or authorized

(Name)

Guardian of \_\_\_\_\_ . I hereby authorize

(Participant)

\_\_\_\_\_, date of birth \_\_\_\_\_, to

(Participant)

(Participants – Date of birth)

participate in the \_\_\_\_\_ Program at \_\_\_\_\_

(Sport/Activity)

(Name of School)

during the \_\_\_\_\_ school year.

(Year)

I am aware that there are certain risks of injury inherent in participation in

\_\_\_\_\_. Nonetheless, I, individually and on behalf of my

(Sport/Activity)

son/daughter, hereby release, acquit and discharge the Roman Catholic Diocese of Erie,

\_\_\_\_\_, \_\_\_\_\_, and

(Name of School)

(Name of Coach/Moderator)

\_\_\_\_\_, their heirs, executors and/or assigns from any and

(Name of Asst. Coach/Moderator)

all claims, actions, debts, damages, costs, loss of service, expenses and compensation,

whatever, in law or in equity, which may hereafter accrue from or arise out of

\_\_\_\_\_’s participation in \_\_\_\_\_.

(Participant)

(Sport/Activity)

In witness whereof, I sign this form on the \_\_\_\_\_ day of \_\_\_\_\_

( Month)

\_\_\_\_\_.

(Year)

**X**

**(Parent/Guardian)**