

SLDM HIGH SCHOOL ATHELETIC MINISTRY

Each High School Athlete must submit this form. The "Liability & Medical Release" portion **MUST** be signed by a parent/legal guardian AND by participant, as well, if 18 yrs or older. **Please do not use any other liability or registration form.** This form may be duplicated as necessary.

NAME _____ MALE _____ FEMALE _____

AGE _____ HIGH SCHOOL GRADE _____ ADULT T-SHIRT: S M L XL 2XL 3XL

HOME ADDRESS _____

CITY _____ ST _____ ZIP _____ ADULT EMERGENCY PHONE# _____

PARENT CELL # _____ PARENT EMAIL _____

LIABILITY & MEDICAL INFORMATION/RELEASE

Accident/Hospitalization Policy Name _____ Policy Number _____

Current Allergies _____

Medical Conditions _____

Current Medications _____

Permission to give over-the-counter medication? YES _____ NO _____

The undersigned hereby release, forever discharge, and agree to hold harmless St. Louis de Montfort Catholic Community & The Diocese of Lafayette-in-Indiana, Inc. from and against any and all liability claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if the participant is Under 18 yrs. old, 18 yrs. old, or older.)

The undersigned further agree to indemnify and hold harmless St. Louis de Montfort Catholic Community & The Diocese of Lafayette-in-Indiana, Inc. and its respective members, directors, employees and agents (collectively, the "Indemnities") from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant (if the participant is Under 18 yrs. old, 18 yrs. old, or older.)

We believe that both the youth and the parish benefit from positive recognition. There may be occasion for media coverage. We ask permission to release this type of communication. This includes: Newspapers, Newsletters, and Parish websites.

Yes, SLDM and Diocese of Lafayette have my permission to release communication involving my youth to the media.

No, SLDM and Diocese of Lafayette do not have my permission to release communication involving my youth to the media.

The participant agrees not to transmit, distribute, or sell (or aid in transmitting, distributing, or selling) any description, account, pictures, videos, audios or other forms of reproduction of this event (in whole or part).

If the participant is under 18 years of age: I (We) the parents or legal guardian of the participant, do hereby grant permission for our child to participate fully in the SLDM High School Athletic Ministry and all of its activities and hereby give permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital. I (We) hereby assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Parent or Legal Guardian Signature (**Required**) _____ Date _____

Parent or Legal Guardian Printed Name (**Required**) _____ Date _____