

**Monsignor Edward Pace High School
Parental Consent and Release of Liability Form**

I, _____, the parent/legal guardian of _____, a student at Monsignor Edward Pace High School Inc. 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 Monsignor Edward Pace 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;

Initials_____

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 of 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.

Monsignor Edward Pace High School Inc. recognizes only the following "Florida High School Athletic Association sanctioned sports in season":

Baseball, JV Baseball, Basketball (boys/girls) JV Basketball (boys/girls), Cross Country (boys/girls), Cheerleading, Flag Football, Football, JV Football, Golf, Soccer (boys/girls), Softball, Swimming (boys/girls), Tennis (boys/girls), Track (boys/girls), Volleyball (boys/girls), Wrestling.

Parents acknowledge that we have been informed that my son/daughter may be injured while participating in athletic practice or competition for Monsignor Edward Pace High School. I understand that it is possible that the Student may sustain an injury, which may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of sexual function, and/or bowel and bladder control which would require the use of external aids, attached or inserted into my body for the collection and removal of body wastes.

I understand that paralysis and its effects could last for the Students entire lifetime.

Initials_____

In addition, we understand that an injury to any part of the body joints, (ankle, knee, hip, spine, shoulder, etc) may result in disfigurement, loss of movement, strength, or feeling which may last for the Students entire life.

We understand that it is the Students responsibility to adhere to all rules and regulations of his/her chosen sport. I understand that an infraction of the rules may result in injury to myself or to my opponent. I also understand that no modification of protective equipment or uniform should be made. In addition, I understand that it is the Students responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.

We understand that all injuries are to be reported by the Student to the athletic trainer and the head coach immediately. I understand that the Student and parent are responsible for follow-up care and treatment of Students under the supervision of the athletic training staff.

Monsignor Edward Pace High School Inc. is not responsible for Student participation in sports not referred to as a “Florida High School Athletic Association sanctioned sport in season”, as listed in this document. Parents hereby acknowledge that Students who participate in any such program or activity do so at their own risk. Parents and Student further acknowledge that the School does not control or sanction any such program or activity and that it shall not be held liable for any injuries or damages sustained by Students or others arising from participation in such program of activities.

We have read carefully and accept the risks of participation in,

(sport/s) during the 20____ - 20____ season.

Student Signature

Date

Parent/Guardian Signature

Date