

St. Luke School
Athletic Waiver Form
2016-2017

Student Name: _____ Date of Birth: _____

The purpose of this agreement is to enable parents/guardians to give informed consent for a student to participate in organized athletic activities sponsored by St Luke School and to confirm agreement of the parent/guardian regarding waiver and release of liability as a condition of the student's participation in St Luke School's athletic program.

1. I agree and understand there are significant risks associated with participation in the St Luke School athletic program. These risks may range from minor to catastrophic and include the risks of injury; disability paralysis, or even death resulting from causes including, but not limited to, actions of players on opposing teams, spectators, weather, and transportation associated with participation.
2. I agree to assume (known or unknown) risks of participation in St Luke School's athletic program, to release and hold harmless St Luke School, together with its faculty, staff, employees, coaches, volunteers and other agents from any and all claims, liabilities, and damages relating to any injury, regardless of severity or loss of life, relating to my student's participation in athletic activities to include all associated travel.
3. I authorize any faculty member, coach, volunteer, or adult supervising athletic activity in which my student participates, to make decisions regarding emergency medical treatment for my student in the event that neither of the student's parents/guardians can be reached at a time when medical treatment may be deemed necessary.

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name and Number: _____

Health Insurance Provider: _____

Policy Holder Name: _____ Policy# _____

List any and ALL medications student is presently taking: _____

Reason for medication(s): _____

Signature of Parent/Guardian: _____ Date: _____