

## BROTHER MARTIN HIGH SCHOOL SPORTS/ACTIVITIES AGREEMENT

DATE: \_\_\_\_\_

THIS STUDENT HAS DOCTORS AUTHORIZATION TO PARTICIPATE YES:

\_\_\_\_\_ NO: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Circle One

ADDRESS OF STUDENT \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL YEAR: 2023-2024

### RELINQUISH OF CLAIMS AGAINST BROTHER MARTIN HIGH SCHOOL

To the fullest extent allowed by law, I recognize and acknowledge that there are risks in my presence and participation in the School's ATHLETIC ACTIVITIES. I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against the School and its COACHES, ASSISTANT COACHES, ATHLETIC TRAINERS, officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any and all athletic activity I participate in while attending school, regardless if school was at fault in whole or in part.

### MEDICAL RELEASE

I hereby give PERMISSION to the school REPRESENTATIVE, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

PRINT STUDENT NAME:

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**(Attached is a copy of my current health benefit medical card)**

Company Name and type of Plan: \_\_\_\_\_

\_\_\_\_\_

INDIVIDUALS TO CALL IN CASE OF EMERGENCY:

PARENT NAME: \_\_\_\_\_ PHONE

NUMBER \_\_\_\_\_

SECOND INDIVIDUAL TO CALL:

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NUMBER \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_

ALLERGIES, REACTIONS OR OTHER COMMENTS:

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