



**Archdiocese of Miami
 Department of Schools
 Athletic Consent and Release from Liability Certificate
 This completed form must be kept on file by the school**

Student Name _____

School _____

Sports in which student plans to participate: _____

A. I/we hereby give consent for child/ward to participate in the interscholastic sports that I have listed above.

B. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

C. Insurance Information

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000

Company _____ Policy Number: _____

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Parent/Guardian: _____