

St. Joseph School Athletic Events

Individual Consent and Liability Release Form

I, _____, am the Parent or Legal Guardian of _____ a current team member with _____. I affirm that I am fully and accurately aware of my child's physical condition, that I am voluntarily allowing participating as a member of this team, that I am aware that such participation may result in possible injury as an outcome of the nature of this sport, that I am assuming any and all risk that may be involved in playing in this athletic event, and fully release all organizers and sponsors of any and all legal liability.

I further acknowledge that I am aware of all insurance policies that are available to me. I also know and understand this tourney's policies and procedures of safety and conduct, and that I shall represent my team in such a manner as expected.

I have read and understand the above statements and shall carry them out to the best of my ability.

Printed Name

Signature

Date

Address

Home Phone (____) _____

Other-than-Home Emergency Phone Number (____) _____

Physician's Name _____ (____) _____

<< Please Photocopy As Needed >>

St. Joseph - Pomona Tourney

Jan
9/13/07