



1201 Airport Road
Bloomington, Illinois 61704
(309) 661-7000
www.blmcchs.org

Catholic Diocese of Peoria

BLOOMINGTON CENTRAL CATHOLIC HIGH SCHOOL WAIVER

I request my child, _____, be allowed to participate in the **ADVOCATE FOR YOUNG HEARTS CARDIAC SCREENING** being held at **Bloomington Central Catholic High School, 1201 Airport Road, Bloomington, IL** by Advocate BroMenn Medical Center on October 11, 2018. I understand that Advocate BroMenn Medical Center will be administering the tests and that Bloomington Central Catholic High School is providing a facility for Advocate BroMenn Medical Center's use for the clinic.

In consideration of my child being allowed to participate in the **ADVOCATE FOR YOUNG HEARTS CARDIAC SCREENING**, I hereby release, indemnify, and hold harmless Bloomington Central Catholic High School and the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

NOTE: The parties to this waiver stipulate and agree that the Parent or Guardian signature is effective and binding whether handwritten, typed, emailed, or faxed.

Parent or Guardian: _____ Date: _____