



# GARCES

MEMORIAL HIGH SCHOOL

661.327.2578 | 2800 Loma Linda Drive

## Garces Memorial Return to Play Waiver

Student Name: \_\_\_\_\_

Class of (please circle): 2021 2022 2023 2024

Sport/Activity Participating In: \_\_\_\_\_

As the parent/guardian of the above-named child and on behalf of myself, my child, agents, heir and successors, I voluntarily agree to: (1) assume all risks of injury, illness or death to my child arising out of or resulting from my child's participation in and/or attendance at the above-slated program or activity. Such risks to include but are not limited to injury, illness or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities and costs against the Diocese of Fresno, Garces Memorial High School and its governing board and members thereof, officers, employees, agents and volunteers and hold harmless the Diocese and Diocese personnel from any claims, causes of actions, actions, liabilities and costs that may arise out of result by my child's participation in or attendance at such program or activity and (3) assume all obligations for any medical, financial and other costs and/or liabilities that be sustained or incurred by my child, myself or my agents, heirs and/or successors. The Diocese assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages or ghost that my child, myself, my agents, heirs and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date