**St. Luke Church**

**"St. Luke School"**

**2025-2026 Athletic Waiver and Emergency Permission**

The purpose of this agreement is to enable parents/guardians to give informed consent for their child to participate in organized athletic activities sponsored by St Luke School and to confirm agreement of the parent/guardian regarding waiver and release of liability as a condition of the child’s participation in St Luke School’s athletic program.

* I, the undersigned, agree and understand there are significant risks associated with participation in the St. Luke School athletic program. These risks may range from minor to catastrophic and include the risks of injury, disability, paralysis, or even death resulting from causes including, but not limited to, actions of players on opposing teams, spectators, weather, and transportation associated with participation.
* I agree to assume (known or unknown) risks of participation in St Luke School’s athletic program, to release and hold harmless St Luke School, together with its faculty, staff, employees, coaches, volunteers and other agents from any and all claims, liabilities, and damages relating to any injury, regardless of severity or loss of life, relating to my child’s participation in such athletic activities to include all associated travel.
* I authorize any faculty member, coach, volunteer, or adult supervising a St. Luke School athletic activity in which my child participates, to make decisions regarding emergency medical treatment for my child in the event that neither parent/guardian can be reached at a time when medical treatment may be deemed necessary.

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_