



NOLAN CATHOLIC HIGH SCHOOL

Release of Liability and Indemnification Agreement

I am, the parent/guardian of _____ (herein referred to as "MY CHILD"). I hereby release Nolan Catholic High School, the Catholic Diocese of Fort Worth and their employees and volunteers (jointly referred to as "The School"), of and from any all claims of action for any damages, injuries and expenses arising out of or in any way connected with MY CHILD's participation in any activity, marching band, dance, color guard, cheerleading, sport, game and the practice for any sport or game and travel to and from the activity. However, this release and indemnification of The School does not extend to or apply to gross or willful negligence with respect to an injury to MY CHILD.

I understand that sports activities, etc. can be dangerous and as the parent/Guardian I am responsible for evaluating MY CHILD's fitness to participate in these activities and I am responsible for any and all insurance including but not limited to Medical insurance, to cover MY CHILD's participation in these activities. I hereby certify that MY CHILD is fit to participate in the activity covered by this Release and Indemnification Agreement.

If, in the judgment of any representative of The School, MY CHILD should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as a result of any injury or illness. I do hereby request, authorize and consent to such care and treatment may be given to MY CHILD by a physician, trainer, nurse, or school representative. I hereby grant permission to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for MY CHILD. In the event of serious illness, or significant accidental injury of the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, I hereby authorize the treatment necessary for the proper care and treatment of MY CHILD.

I do hereby and agree to indemnify and hold harmless The School, of and from any and all claims, demands and causes for action for any damages, injuries and expenses arising out of or in any way connected with MY CHILD's participation in any activity, sport, game, the practice for any sport or game, and travel to and from the activity. I also do hereby agree to indemnify and hold harmless The School, any physician, trainer, nurse, and school representative who provides any help, medical assistance, treatment and/or injuries and expenses arising out of or any way connected with any help, medical assistance, treatment, care of and medicine for MY CHILD. I hereby request that MY CHILD be allowed to participate in the *Middle School Night Activities* sponsored by Nolan Catholic High School.

I agree that the releases, the indemnity, and the other agreements contained in this document are valid and binding on me and are a party of the consideration for MY CHILD being allowed to: *Participate in Middle School Night Activities on September 13, 2019.*

I have read and accept the terms of this Release and Indemnification Agreement, the Refund Policy & Medical Release. *

Parent/Guardian Printed Name

Parent/Guardian Signature

Date