

**St. Francis de Sales School Release from Liability and Indemnification Agreement**

St. Francis de Sales School (there after known as "SFS"), 2323 W. Bancroft St., Toledo, OH 43607.

**Please read carefully before signing**

Participant's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Scope of Agreement:**

This agreement shall be legally binding upon me, the participant, and the parents and/or legal guardians thereof in a minor, my heirs, estate, assigns, including all minor children and personal representatives and it shall be interpreted according to the laws of the State of Ohio. Any dispute by the Participant shall be litigated in and venue shall be the County of Lucas, Ohio.

**Inherent Risks of Cheerleading Activities:**

I understand and acknowledge that there are risks associated with cheerleading activities and competitions. Such injuries include, but are not limited to, falls, broken bones, paralysis, and even death. Further, the Participant understands and acknowledges that SFS is not liable for any injury to or death of a Participant or loss to the person or property of Participant.

**Participant Responsibility:**

I understand that the Participant's safety greatly depends on property execution of techniques while following standard safety precautions. I further agree that I will abide by all rules and regulations of SFS cheerleading, the Ohio High School Athletic Association, and Catholic Highschool League.

**Participant Medical Insurance:**

I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all resulting expenses.

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

Name of Participant: \_\_\_\_\_

Initials of Participant: \_\_\_\_\_

## **Consent to Treatment Form**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

### **Parent/Guardian Permission and Authorization for Treatment**

I hereby give my consent for the above-listed individual to participate in the St. Francis de Sales Cheerleading try-out. If I cannot be reached in the event of an emergency, I authorize the school to obtain, through a physician or hospital of my choice, such medical care as is reasonably necessary for the welfare of the student, if she is injured in the course of participating in these activities.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date:

- Phone Number of Parent/Guardian: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Emergency Contact Person:
  - Name: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Relationship to child: \_\_\_\_\_
- Hospital of choice: \_\_\_\_\_
- Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- Physician Name, Address, and Phone Number: \_\_\_\_\_

\_\_\_\_\_

- List any known allergies: \_\_\_\_\_
- Other information: \_\_\_\_\_