



THE ROMAN CATHOLIC
DIOCESE OF PHOENIX

Athletic Participation Waiver

Parental Permission and Risk Acknowledgement

I give my permission for _____ to participate in organized interscholastic athletics at _____, realizing that such activity involves the potential for injury and illness, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, proper cleaning and strict observance of rules, injuries and illness are still a possibility. On rare occasions, these injuries and illnesses can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I am aware that my child, by participating in athletics may be exposed to and/or contract the novel COVID-19 virus and other viruses and diseases despite precautions taken to minimize the risk of exposure. I certify that my child is in good health, has no fever or other symptoms of COVID-19, and has no current issues that make it unsafe for my child to participate in athletics, which may not have a medical professional on staff. I will notify the school and not send my child to the athletic activity if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore, I will not send my child to the athletic activity if my child has knowingly been with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment. I acknowledge that I have read and understand this warning.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, Diocese of Phoenix, its insurers, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation in the athletic activity.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the athletic activity.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____