

2017 ST. JOHN BOSCO SUMMER ATHLETIC CAMP WAIVER FORM

(Must be signed by parent / guardian)

I voluntarily agree to participate or for my children to participate in this or these programs. The undersigned is (are) aware that participating in these activities involves risk of injury to the below-named student. The undersigned hereby agree to assume any and all liability and agree to hold harmless and indemnify St. John Bosco High School and all of their employees, officers, directors, agents, volunteers or affiliated entities from any and all claims, damages, injuries, accidents or incidents which may arise or occur with respect to the below-named student during the course of the activity.

I (We) hereby warrant and represent that the below-named student is physically fit and capable of taking part in such activity. I (we) make this warranty and representation on the basis of advice given me (us) by a duly licensed medical doctor, and I (we) know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor.

I (We) further agree that the below-named student will abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I (We) further agree that we are responsible for all transportation for the below-named student to any practice, workout, contest or tournament that is hosted away from the St. John Bosco High School campus.

Should it be necessary for the below-named student to receive medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school to render medical treatment deemed necessary by the physician. I understand that any insurance benefits that are effective have limited application.

I (We) further understand that we are financially responsible for all fees related to my son's chosen athletic camp(s). I understand that if I have not registered and paid for my son's camp by June 30, 2017, I may be billed and must pay \$300.00 for each camp on my school tuition account on or around July 15, 2017.

Student-Athlete Name: _____
Please Print

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____

Date: _____