



## **Liability Waiver and Medical Authorization**

St. Elizabeth Seton Catholic School, Naples, FL

Athletics and Extracurricular Activities

Must be completed and on file with the Athletic Director **before** participation in the 2023-2024 school year.

### **Please Print Legibly**

Name of student participant \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ (h) \_\_\_\_\_ (w)

In consideration of the opportunity for my child to participate in the Athletic Program at St. Elizabeth Seton Catholic School, I/we fully recognizing that such an undertaking involves an element of risk, I/we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Diocese of Venice and the Parish community of St. Elizabeth Seton, its coaches, employees, and officers, and the chaperones, leaders, organizers, sponsors, and persons transporting my/our child to and from these activities. Neither the Diocese of Venice or the Parish/School, nor any of the said persons shall be held financially responsible for any injury, illness, infection, or death incurred as a direct or indirect result of these activities.

I hereby warrant that to the best of my knowledge my child is in good health, and I assume all responsibility for the health of my child in his/her participation in the St. Elizabeth Seton Catholic Athletic Program. In the event of any medical situation, I give consent for the coaches and Athletic Director to administer First Aid and seek medical attention if the situation demands immediate attention. I/we recognize that the sports offered at St. Elizabeth Seton Catholic School are contact sports and involve the risk of injury and infection.

### **SEE THE REVERSE SIDE TO PROVIDE PERTINENT MEDICAL INFORMATION**

Please complete the following for pertinent medical information:

- Here are some special conditions or situations you should be aware of for my child:

\_\_\_\_\_ Medical

\_\_\_\_\_ Unusual behavior

\_\_\_\_\_ Other

Please explain:

- Medical Information:

\_\_\_\_\_ Allergic Reactions

\_\_\_\_\_ Any Physical Limitations

Please explain:

I/We, the undersigned, have read this Liability Waiver and Medical Authorization Form and have completed the Medical Matters section and understand all its terms and execute it voluntarily and with full knowledge of its significance.

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Signature of Parent/Guardian

Cell Phone

Date

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Signature of Parent/Guardian

Cell Phone

Date

*Waiver Updated: August 03, 2023*