



Waiver & Medical Consent Form

I, the parent /guardian of _____ (participant's name), hereby release Nolan Catholic High School, the Catholic Diocese of Fort Worth and their employees and volunteers, and waive all responsibility on their part for any liability with respect to travel and/or sports and activities participation for my child named above and /or any loss of property that may occur at such a time. This waiver and release extends to all practice sessions, travel to and from the activity, and participation in the activity, and shall release Nolan Catholic High School, the Catholic Diocese of Fort worth and their employees and volunteers from any liability except for gross or willful negligence with respect to an injury to the above participant.

It is understood that sports activities, etc. can be dangerous and the parent is responsible for evaluating the participant's fitness to participate in these activities and responsible for any and all insurance to cover this child's participation in these activities. The parent certifies that the child is fit to participate in the summer activity listed above.

***** Please turn in a separate form for each individual activity.**

If, in the judgment of any representative of the school, the above named participant 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 as may be given said participant by a physician, trainer, nurse, or school representative, and I do hereby agree to indemnify and release Nolan Catholic High School, the Catholic Diocese of Fort Worth and their employees and volunteers from any and all claims by any person whomever on account of such care and treatment of said participant. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. 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, the treatment necessary for the best interest of the above named participant may be given.

The participant has: ____ no known allergies to medications / ____ is allergic to the following medication(s):

Family Doctor: _____ (____) _____

Doctor's Phone Number I hereby request that my child be

allowed to participate in the Summer Camp/League sponsored by Nolan Catholic High School.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE MEDICAL CONSENT, AND THE APPLICATION AND WAIVER FORM. I agree that the releases, the indemnity, and the other agreements contained in this document are a part of the consideration for the child being allowed to attend camp/league.

Date _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Subscribed and sworn to me this _____ day of _____, 2008.

Notary Public, Tarrant County, Texas