

Student/Athlete Name: \_\_\_\_\_

Student/Athlete Grade: \_\_\_\_\_ Student/Athlete Gender: \_\_\_\_\_

**Release and Medical Consent:**

In consideration of the benefits derived by my Student/Athlete's participation in this athletic program, I, for myself, my heirs and assigns, do hereby consent, approve, covenant and agree to indemnify and hold harmless the Catholic Diocese of Dallas, Holy Family of Nazareth Catholic Church, Holy Family Catholic Academy, their agents, servants, representatives, coaches, and managers from and against all actions or causes of action, claims, demands, liabilities, loss, damage or expense, of whatever kind or nature which may be sustained or incurred by virtue of injury or damage to me or my Student/Athlete resulting or growing out of this athletic program, including without limitation any cause of action sounding negligence or any tort. In the event I cannot be reached during medical emergency, I give consent for medical treatment by a healthcare professional to preserve the life and well-being of my Student/Athlete.

Parent/Guardian Name (Print): \_\_\_\_\_

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

Student/Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed and given to Holy Family Catholic Academy office or Athletic Director BEFORE the Student/Athlete may participate in practices or competitions.**

If you have questions about this form, please contact Coach Dom at [dfalcinelli@hfca-irving.org](mailto:dfalcinelli@hfca-irving.org)