

WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE

School/Church St. Philip City Mt. Vernon

Youth's Name _____ Grade _____

Event WRESTLING

Date(s) of Event 01/2018 through 03/2018

I/We, the parent(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville,

St. Philip Parish,

Fr. Claude Burns Pastor,

and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Parent's Signature _____ Date _____

Home Phone# _____ Email _____

Father's Cell# _____ Mother's Cell# _____

Interested in helping head coach Jason Martin? Yes No

Please include **\$30.00 athletic fee** per wrestler when submitting form.

*An additional **\$25** check will be required as a deposit on uniforms and will be collected at a practice. **Only send in \$30 at this time.** The deposit check for uniforms will be returned to parent when uniforms are returned at the end of the season. Parents/Wrestlers are responsible for all uniform/ equipment provided by St. Philip School. A fee will be charged to replace lost uniform/equipment. **Forms are due back to St. Philip School Office by**

December 19, 2017.