



THE JOHN CARROLL SCHOOL

INDIVIDUAL YOUTH PERMISSION AND MEDICAL RELEASE FORM

As the parent/legal guardian of _____, permission is hereby granted for my son/daughter to participate in a program at **The John Carroll School**. I knowingly, voluntarily and without reservation and on behalf of myself, my child, my heirs, and my estate, hereby RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS The John Carroll School and the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students, and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my child's participation in the program, including the cost of any medical care given to my child or any expenses or fees including attorneys' fees incurred in any lawsuit or claim arising as a result of any damage or injuries incurred by or caused by my child in the course of participation in the program. By my signature below, I understand and acknowledge that my child's participation in the program involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, and the inherent risks of the program and its activities. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in this program may require a minimum level of fitness for safe participation, and that the John Carroll School does not screen, medically or otherwise, individuals that participate in the program. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the program. In the case of a health emergency or need of urgent healthcare involving my child, after a reasonable effort has been made to contact me (or if the urgency of the circumstances does not permit an effort to contact me), I authorize and consent to any medical care deemed necessary for the health and safety of my child. I request and authorize physicians, dentists, and duly licensed health care professionals and staff to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen of tissue taken from the above-named minor.

I recognize and acknowledge there is no accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury my child sustains as a result of the program. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the John Carroll School or the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials or their insurer, for any medical expenses.



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ADD any other medical information concerning allergies, illness, challenges, etc.:

I acknowledge and agree that photographs or videotape of participants, including my child, may be used in publications, websites or other materials produced from time to time by the sponsoring location. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my child to be photographed or videotaped, I will notify the program staff. I understand that the sponsoring location has no control over the use of photographs or film taken by media that may be covering the event in which my child participates.

The emergency contact(s) listed below have permission to pick-up my child and to make decisions regarding my child on my behalf if the program staff is unable to reach me.

Full name of participant _____

Date of Birth and year _____

Home phone _____

Parent/guardian cell phone _____

Parent/guardian work phone _____

Emergence contact and phone _____

I HAVE READ THE ABOVE RELEASE FORM, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian

Date