



RELEASE OF LIABILITY & MEDICAL CONSENT

In consideration of being allowed to participate in any way in the NOLAN CATHOLIC HIGH SCHOOL athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;
5. I understand that I am responsible for evaluating the participant's fitness to participate in these activities and for any and all insurance to cover their participation in these activities, and I certify that the participant is fit to participate in the program; and
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Nolan Catholic High School, the Catholic Diocese of Fort Worth, their officers, officials, employees, agents, and volunteers ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
7. If, in the judgment of any representative of Nolan Catholic High School or the diocese, the participant should need immediate care and treatment as a result of any injury or illness, I request, authorize and consent to such care and treatment as may be given participant by a physician, trainer, nurse, or school or diocesan representative, and I agree to indemnify and release Nolan Catholic High School, the Catholic Diocese of Fort Worth, their officers, officials, employees, agents, and volunteers ("Releasees") from any and all claims by any person whomever on account of such care and treatment of participant, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.** Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the participant. 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



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the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the participant may be given.

8. I HAVE READ THIS RELEASE OF LIABILITY & MEDICAL CONSENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT IN CONSIDERATION FOR PARTICIPANT BEING ALLOWED TO PARTICIPATE IN THE PROGRAM, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

ACKNOWLEDGMENT BY PARTICIPANT: By acknowledging and agreeing to the checkbox below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Participant

Date

ACKNOWLEDGMENT BY PARENT AND/OR LEGAL GUARDIAN OF YOUTH PARTICIPANT: By acknowledging and agreeing to the check box below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant; 2) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and 3) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Parent/Guardian of Participant

Date