WAIVER, RELEASE, and PERMISSION for a MINOR to PARTICIPATE in an ACTIVITY at the NATIVITY OF MARY SCHOOL SPONSORED and SUPERVISED BY NATIVITY OF MARY SCHOOL and NATIVITY OF MARY SCHOOL HOME SCHOOL ASSOCIATION

This form must be completed and returned to the activity leader prior to the activity date. Description of the Activity/Event: 3 on 3 Basketball Tournament Location: Nativity of Mary School Gymnasium Date: Saturday, March 4, 2023, & Sunday, March 5, 2023 Times: 8:00 am to 6:00 pm (Saturday) & 1:00 pm to 5:00 pm (Sunday) As the parent or legal guardian of: \_\_\_\_\_ (Name of Child) I hereby authorize and consent to my child's participation in the above-named activity. I understand that there may be risks and hazards associated with the activity and have had an opportunity to ask questions and to receive answers concerning those risks. I understand that my child and I are assuming all risks and hazards of any loss or injury of any kind that may arise in connection with the activity. I understand that while this activity is a school-sponsored activity, neither Nativity Mary School nor Nativity of Mary Home School Association provides any supervision for participants. I agree to release and hold harmless Nativity of Mary School and Nativity of Mary Home School Association, their officers, trustees, agents, employees, and volunteers and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments and expenses, upon damage, loss or injury to my child or damage to my child's property arising out of my child's participation in the activity and any damage, loss or injury to persons or property caused by my child. I hereby state that my child is in good, normal health and has my permission to participate in the above activity. I hereby authorize the Nativity of Mary School and/or Nativity of Mary Home School Association to administer first aid and/or take my child to a physician or hospital for emergency treatment, if necessary. Parent/Guardian Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Name (print full name): Phone #: \_\_\_\_\_ Emergency Phone #: Street Address: City/State/Zip: \_\_\_\_\_ In case of emergency:

Name: Relationship:

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Name: Phone #:

WAIVER and RELEASE to PARTICIPATE in an ACTIVITY at the NATIVITY OF MARY SCHOOL SPONSORED and SUPERVISED BY NATIVITY OF MARY SCHOOL and NATIVITY OF MARY SCHOOL HOME SCHOOL ASSOCIATION

This form must be completed and returned to the activity leader prior to the activity date.

Description of the Activity/Event: 3 on 3 Basketball Tournament Location: Nativity of Mary School Gymnasium Date: March 4, 2023, & March 5, 2023 Times: 8:00 am-6:00 pm (Saturday) & 1:00pm-5:00pm (Sunday) (Print Name) I hereby consent to my participation in the above-named activity. I understand that there may be risks and hazards associated with the activity and have had an opportunity to ask questions and to receive answers concerning those risks. I understand that I am assuming all risks and hazards of the loss or injury of any kind that may arise in connection with the activity. I understand that while this activity is a school-sponsored activity, that nether Nativity of Mary School nor Nativity of Mary Home School Association provides any supervision for participants. I agree to release and hold harmless Nativity of Mary School and Nativity of Mary Home School Association, their officers, trustees, agents, employees, and volunteers, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments and expenses, upon an damage, loss or injury to me or damage to my property arising out of my participation in the activity and any damage, loss or injury to persons or property caused by me. I hereby state that I am good, normal health. I hereby authorize the Nativity of Mary School and/or Nativity of Mary Home School Association to administer first aid and/or take me to a physician or hospital for emergency treatment, if necessary. Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Name (print full name): \_\_\_ Emergency Phone #: Street Address: City/State/Zip: \_\_\_\_\_ In case of emergency: Name: \_\_\_\_\_\_ Relationship: \_\_\_\_\_ Address: Phone #:

Physician Name: \_\_\_\_\_\_ Phone #: \_\_\_\_\_