Archdiocese of Chicago

Adult/Child/Minor Athletic Participation Release Form - YEAR 2025/2026

IMPORTANT INFORMATION

The Catholic Bishop of Chicago ("The CBC"), St. Mary Star of the Sea Parish (the "Parish") and the Parish's Spartan Sports Association, Parish Center ("SSA PC") are committed to conducting its athletic programs and activities in the safest manner possible and holds the safety of Participants in the highest possible regard. Participants and parents registering their child in the athletic program must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC, the Parish and SSA PC continually strive to reduce such risks and insist that all participants follow safety rules and instructions, which have been designated to protect the participant's safety.

Please recognize that The CBC, the Parish and SSA PC do not carry medical accidental insurance for injuries sustained in its programs. The costs for such would make the program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make The CBC, the Parish or SSA PC automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and the Parish requires the execution of the following Waiver and Release. Your cooperation is appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your minor child/ward for participation in any/all athletic program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of any/all athletic programs from July 1st, 2025 until June 30, 2026.

As a parent/guardian of the participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program, against the CBC, the Parish and their agents, servants and employees.

I do by hereby fully release and discharge the CBC and the Parish and their officers, agents, servants, and employees from any and all claims from injuries, (including death), damage or loss which I or my minor child/ward my have or which may occur to me or my minor child/ward on account of participation in the program.

I further agree to indemnify, hold harmless and defend the CBC, the Parishes officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages, and losses sustained by me or my minor child or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or the Parish to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

☐ I have read and fully understand the above Program details. Waiver and Release of All Claims and Permission to Secure Treatments.

Athlete's Name (Print): _____ Date: _____

Parent/Guardian Name (Sign): _____ Date: _____

Sport(s): ☐ Volleyball ☐ Soccer ☐ Basketball ☐ Open Gym ☐ Other: _____

OFFICE USE ONLY

SCHOOL/ORGANIZATION: _____ SSA STAFF: _____ DATE: _____