

Our Lady of Sorrows Release of Liability Form

The safety of your Child is a top priority. Precautions will be taken for his/her wellbeing and protection.

Child's Name: _____ Age: _____ Home Phone: _____

Address: _____

PARENT / GUARDIAN CONTACT INFORMATION

Parent(s)/Guardian(s)Name: _____

Home Phone: _____ Cell Phone: _____

ACTIVIY INFORMATION

Activity: Our Lady of Sorrows Archery Club

Dates: September 1, 2024 through August 31, 2025

Location: Our Lady of Sorrows Church Archery Range and various offsite Archery locations

Details of the Activity: Introduction to archery; safety procedures training; instructional shooting; practice sessions; competitive shoots, including travel to offsite archery competition locations and offsite archery parks.

RELEASE OF LIABILITY AGREEMENT

I understand and agree that the activity may pose possible illness, injury, as well as similar and dissimilar risks ("risks"). In exchange for the Our Lady of Sorrows allowing the student to participate in the activity, the student, parents and their respective heirs, personal representatives agree(s) to release from liability, discharge and hold harmless Our Lady of Sorrows, the Society of Saint Pius X District, its affiliated organizations, employees, agents and representatives including volunteers and drivers, from any and all liability resulting from the student's personal injury, death, property damage, property theft, or loss of any kind which may hereafter occur to student. This release shall be governed by the laws in the State of Arizona and shall not apply to liability as a result of intentional (criminal) misconduct or gross negligence if proven by a court of law. The student and each of the undersigned understand that at any Our Lady of Sorrows' event or related activities, any child, parent or licensee may be photographed. I agree to allow any photo, video or film likeness of the student, parents or their assigns/licensees to be used for any purpose by the school, event holders, producers, sponsors, organizers and assigns and may publish the photographs/film/videotapes/electronic representations and/or sound recordings of him/her and specifically waive(s) any right to any compensation he/she may be awarded or due. I do hereby represent that I am, in fact, acting in such capacity as the student's parent/guardian. I agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release Our Lady of Sorrows or its affiliates as set forth above. I have fully read and understand the above terms and conditions and that they apply to said student and to myself/ourselves, jointly and severally, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me and the student. I acknowledge and agree that Our Lady of Sorrows can assume no financial liability beyond its actual liability insurance policy in effect.

PERMISSION TO TREAT

In case of any accident, illness, or other incident requiring medical attention, I/we request to be contacted. If I/we cannot be reached after conscientious effort, I/we give permission for Our Lady of Sorrows personnel to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for personnel to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible there-after. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/we give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to Our Lady of Sorrows personnel and /or attending health care providers.

GENERAL HEALTH INFORMATION:

1. Does your child have learning or physical disabilities, chronic illnesses, or injuries? Yes No

If YES explain: _____

2. Does your child have any allergies? Yes No

If YES explain: _____

Parent Signature _____

Printed Name _____ Date _____