

SI Summer Programs - Medical and Liability Release Form

I am aware that participation in any sport or activity has some inherent risks; that injuries can and may occur; on rare occasions these injuries can cause temporary or permanent paralysis or death. In consideration for my child being allowed to participate in the Academic Program and/or Sport Camp(s) listed on the registration form. I assume the risk of all injury, and agree not to sue St. Ignatius College Preparatory, Administration, Athletic Department, Coaches, Teachers, Agents or Volunteers for any and all injuries caused by or resulting from any participation in the named program. I authorize SI Summer Programs to seek emergency medical care for my son/daughter by my signature below. I agree that in the event my child is injured as a result of his/her participation in the activities, whether or not caused by the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I hereby give permission to the physician selected by the school supervisory personnel present to render medical treatment necessary and appropriate by the physician. I have read thoroughly the release form and understand clearly all the details outlined.

Use of Student Likeness

Occasionally students are photographed by St. Ignatius College Preparatory personnel at camp or classroom activities. By registering for SI Summer Programs, parents are deemed to have given their consent and approval to St. Ignatius to use a photographic or digital likeness or reproduction of their student in school publications or posted on the school's website or other online entities without further permission or notification.

I Consent By Signing Below:

Signature of Parent or Guardian

Date

Print Student First and Last Name