

Participant/Parent Guardian Waiver and Indemnity Agreement

St. Thomas More Schola
St. Philip Catholic Church, Franklin, TN
Classes/Socials/Field Trips

Participant _____

In consideration of your accepting our child for participation in the above-named programs and activities, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization, St. Philip Catholic Church and their agents, employees, representatives, successors, and assigns for any and all injuries suffered by myself or my child that rise out of the above-named program and activities sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization and church harmless of and from any and all liability of whatever nature that may rise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I or anyone else on my child's behalf should make any claim against the above-named organization, church, or individuals for damages arising out of the above-named program and activities, I will personally indemnify, defend, and hold harmless the organization, the church, and their agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Name of Parent/Guardian (print): _____

Parent/Guardian Relationship (print): _____

Signature of Parent: _____ Date: _____

Address of Participant: _____

Telephone Number of Parent or Guardian: _____

Emergency Contact Information & Medical Release

Does your child have any medical conditions that we should know about?

Does your child need or take any emergency or other medication at school?

Emergency Contact _____ Numbers: _____

Emergency Contact _____ Numbers: _____

- I hereby give my consent for this child to receive emergency and minor wound or illness care at St. Thomas More Schola if needed.
- In case of an accident or illness in which outside treatment is not needed, but in which my child is unable to remain in class, I request St. Thomas More Schola contact me. If one of the parents cannot be reached, I request St. Thomas More Schola contact the above listed alternate contact.
- In the event of a life threatening accident or illness, I understand that a teacher of St. Thomas More Schola may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

Signed _____ Parent/Guardian

Date _____