ARCHBISHOP MOELLER ATHLETIC DEPARTMENT

School Year 2012/2013

Athlete's Name _____ **Grad. Year** _____ **Sport** _____

Address _____ **CityStateZip** _____

Parents e-mail address _____

RELEASE OF CLAIM

RELEASE OF ALL CLAIM BY PARENTS/GUARDIANS - In consideration of permission granted my child, Moeller High School to participate in athletes during the school year, I hereby release and discharge Moeller High School, the Marianist Order, Moeller High School's agents, employees, and officers, from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersign's heirs, executors, administrators, or assigns may have, or claim to have, against Moeller High School, the Marianist Order, Moeller High School's agents, employees, and officers, and it's successors or assigns, for all personal injuries to my child, including personal injuries caused by negligence, or otherwise, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described athletic activity during or proper to the above-mentioned year.

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ACKNOWLEDGE OF WARNING BY STUDENT (To be filled out if student is under 18 years old.) - I hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of Archbishop Moeller High School that by participating in athletics, I am exposing myself/my child to the risk of serious injury, including, but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete, impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above- described athletic activity, and should I choose to participate in the above-described athletic activity, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above-described athletic activity.

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I, the undersigned, have read this Release and understand all its terms, I execute it voluntarily and with full knowledge of its significance. In witness whereof, I have executed this Release the day and year first above-written. **In addition, we have read and understand, and agree to abide by the policies of the Archbishop Moeller High School Athletic Department.**

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(Signature of Parent/Legal Guardian) **(Signature of Student)**

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(Date)