

Christ Our Savior Lutheran High School (COSLHS) Medical Waiver for 20__ - 20__

Student Name: _____ Birthdate ____/____/____ Age: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Existing Medical Coverage: _____ Plan : _____
Known Allergies: _____

Known Physical Limitations: _____

Current Medications: _____

I hereby voluntarily permit my child to participate in the **20__-20__ Academic School Year at Christ Our Savior Lutheran High School.**

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS AND SCHOOL ACTIVITIES, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ Initial Here

As consideration for being permitted by COSLHS to participate in these activities, I hereby release and hold harmless Christ Our Savior Lutheran High School, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold COSLHS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to COSLHS Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays based on the information provided on the Emergency Medical Authorization Form. I also hereby give permission to COSLHS Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. COSLHS also does not provide any medical or other insurance protection or benefits for those who participate at the events and activities at Christ Our Savior Lutheran High School.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF RELEASE OF INFORMATION, AND A CONTRACT BETWEEN ME AND CHRIST OUR SAVIOR LUTHERAN HIGH SCHOOL AND THAT I MAY SIGN IT OF MY OWN FREE WILL.

_____ Date _____
Parent or Guardian Signature