

Bishop Moore Catholic HIGH SCHOOL

Facility Workout Waiver

FACILITY WORKOUT WAIVER LOCAL EMERGENCY CONTACT INFORMATION

Please list at least one LOCAL contact in the event that a parent cannot be reached.

Emergency Contact Name: _____

Relationship to Student: _____

LOCAL Cell Phone: _____

LOCAL Other Phone: _____

Acceptance of Sportsmanship Responsibility and Waiver

Every player (or parent/guardian if the player is under the age of 18) must sign this form.

Signatures on this form signify that each person has read, understands, and will abide by this information. There are risks associated with participation in this activity at Bishop Moore Catholic. I release and discharge BMC, events, sponsors, event charities, workers, employees and coaches from all action suits and demands whatsoever in law or in equity, including but not limited to the risk of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for an effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio or other media and to use them, no matter by whom taken, in any matter for publicity promotions without any need for reimbursement or fee paid.

Name: _____ Date: _____ DOB: _____

Signature: _____

If under 18 (Parent/Guardian)

Name: _____ Date: _____

Signature: _____