



St. Mary Catholic School
Athletic Department

RELEASE, INSURANCE WAIVER AND UNIFORM USE AGREEMENT

Student Name: _____

- I. The undersigned releases St. Mary Catholic School, its employees, agents, volunteers and teammates from any accidental injuries suffered during athletic practices, games or sports related activities in exchange for the privilege of participating in the St. Mary Catholic School Athletic Program.
- II. The undersigned understands that St. Mary Catholic School does not provide free insurance coverage for its students or athletes. We hereby notify St. Mary Catholic School that our family has adequate insurance to cover our son/daughter.
- III. The undersigned understands that the uniforms issued to the student are expected to be returned in the same condition as received. They are to be worn for scheduled St. Mary Catholic School competitions only. They are not for personal use.

The undersigned agrees to return, in good condition, any uniform issued to the student and agrees to pay the cost of the uniform's replacement if not returned in the condition in which it was issued; reasonable wear and tear are expected.

The undersigned will not mistreat athletic equipment or facilities and will pay for the reasonable cost of repair, replacement or cleaning/cleanup as a result of such mistreatment.

Parent Signature _____ Relationship: _____ Date: _____

Student Signature _____ Date: _____