



CFHS Athletic Off-Season Liability Waiver

Emergency Contact Information

Parent/Guardian Name: _____ Phone: _____

Alternate Parent/Guardian Name: _____ Phone: _____

Insurance Information

I am aware that Catalina Foothills School District and the Catalina Foothills High School Athletic Programs do not provide accident or health insurance coverage for my child, and it is my responsibility to obtain such insurance at my own cost. I am responsible for all medical expenses that may be incurred as a result of my child's participation in the Catalina Foothills High School Athletic Program.

Insurance Company: _____ Policy #: _____

Doctor: _____ Phone: _____

Release of Liability

I understand that the risk of injury is inherent in any physical activity. Athletic participation are activities which may include various forms of jumping, sliding, diving, and airborne contacts of the body. Even with proper instruction, there is an increased potential that performing these movements in camp could lead to serious injury, paralysis, or even death.

Furthermore, I agree to inform the instructor if my child has a health condition or physical impairment that will limit his or her participation in any off-season practice or activities and/or hinder his or her participation altogether.

I hereby consent to my child's participation in the Catalina Foothills High School Athletic Program. I do, hereby, for myself, heirs and executors forever waive and release Catalina Foothills School District, its employees and agents from any and all claims, actions, demands, rights and damages of any nature whatsoever, that I, my child, my heirs or assigns may have at any time against the Catalina Foothills School District and its high schools, employees, contractors, and volunteers.

Authorization for Medical Treatment of a Minor

In the case of an emergency, I understand that reasonable effort will be made to contact my family before any medical attention is given. However, if the situation presents danger to me/my child's well-being, I give permission to a licensed physician to give medical attention. I further agree to be responsible for all costs associated with any treatment provided in compliance or attempted compliance in good faith with this consent.

I am freely signing this Waiver and Release. I affirm I am at least 18 years old. I have read this form carefully and fully understand that by signing this form, I am giving up legal rights and remedies that may otherwise be available to me and my child(ren)

Signature _____ Date _____