



Athletic Department

4025 Indian Road  
Toledo, Ohio 43606  
419-531-1693, ext. 218

**WAIVER AND RELEASE OF LIABILITY FORM**

Sport: \_\_\_\_\_

Student Athlete: \_\_\_\_\_

I am aware that trying out, practicing, playing, or any form of participation in any sport can be a dangerous activity involving many risks of injury. I am aware that the dangers and risks of playing or practicing the above sport may result not only in serious injury, but also in a serious impairment of my future abilities.

Because of the dangers of participating in the above sport, I recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport, and other team rules. I understand that all instructions and warnings, verbal and written, are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings.

I voluntarily and knowingly accept and assume the known risks and hazards associated with participation in the program named above. In consideration for St. Ursula Academy allowing me to tryout, practice, play, or in any other way participate in the sport named above, I release St. Ursula Academy and the Diocese of Toledo, along with their officers, agents, employees, successors, and volunteers from any and all liability, claims, causes of action, or demands arising out of injury to myself or property which may result from my participation in the sport named above.

SIGNATURE OF STUDENT-ATHLETE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_