

CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE
CHILD/MINOR ACKNOWLEDGEMENT FORM

St. Monica Academy

The Catholic Bishop of Chicago (CBC) and St. Monica Parish are committed to conducting programs and activities in the safest manner possible and hold the safety of participants in the highest possible regard. Participants and parents registering their child in these programs must recognize there is an inherent risk of injury when choosing to participate in these activities, including athletics. The CBC and Parish insist participants follow safety rules and instructions designed to protect the safety of participants and attendees.

Please recognize the CBC and the Parish does not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. The absence of health insurance coverage does not make the CBC or the Parish responsible for the payment of medical expenses.

I recognize and acknowledge there are risks of physical injury and I agree to assume the full risk of any injuries (Including death), damages, or loss which I or my child/minor/ward may sustain as a result of participating in activities connected with this program. I am responsible for the transportation of my child/minor/ward to and from the event(s). The use of my personal automobile to transport participants or attendees is not sanctioned by the CBC and the Parish and is my voluntary undertaking. While using my personal vehicle to and from parish/school activities, I acknowledge my automobile insurance is primary; I understand and will comply with the rules and regulations of the Illinois Motor Vehicle Code; I understand and will comply with other Federal, State, and local laws; during the event(s) and to and from the event(s) I will not engage in any inappropriate behavior or activity and doing so will be my personal responsibility.

On behalf of myself or child/minor/ward, I will indemnify the Catholic Bishop of Chicago, a Corporation Sole, and St. Monica Parish from claims resulting from injuries (including Death), damages, and losses sustained by me or my child/minor/ward or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize the CBC or parish officials to secure from any hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree I will be responsible for payment of and all medical services rendered. I have read and fully understand the above program details.

Parent/Guardian Signature

Date

Parent/Guardian Name

Child/Minor/Ward Name

Home Address

Home Phone Number

Work Phone Number

Cell Phone Number