



ATHLETIC PHYSICAL PERMISSION FORM

Participant Name: _____

Parent/Guardian Names: _____
(Please Print Clearly)

PARENT AGREEMENT/CONSENT

I/we, the undersigned parents or guardians of the participant named on this form give permission for my son's participation in the Jesuit Athletic Department Physical Night on Tuesday, June 19, 2018.

- I acknowledge that I am aware that the medical professionals who are participating in the physical exam night and providing this service for my son are volunteer Jesuit parents who are licensed and insured physicians and nurses.
- I understand that if they, the participating physicians, refuse to pass and release my son to full participation activity, that it is my responsibility to get a physical exam for my son from my son's primary care physician and submit the medical clearance physical forms for full participation in Jesuit's athletic activities.

Accordingly, in consideration for being permitted to participate in the Jesuit Athletic Physical Night, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue Jesuit High School, its employees, agents, and volunteers from all liability for any loss or damage.
- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements or inducements apart from the contents of the Form have been made.

I/we have read the Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date