

WAIVER & RELEASE OF ALL CLAIMS

I _____ the Parent/Guardian of _____

Recognize and acknowledge that there are inherent risks in his/her presence and participation in the St. Bernard's Catholic School sponsored activity, to be held on the property known as 222 Dollison Street, Eureka, California. I am aware that this is a school sponsored activity of St. Bernard's Catholic School: I agree to indemnify, hold harmless, waive and relinquish all claims, including negligence against St. Bernard's Catholic School and its officers, agents, employees and volunteers including claims of bodily injury, including death and property damage as a result of, arising out of, or caused by my child/ward's presence, participation in the (Name of Event/Activities) _____ of (Date of Event), _____.

I am aware St. Bernard's Catholic School does not provide health and accident coverage for my son/daughter and it is my responsibility for any medical bills from injuries sustained while participating in the (Name of Event) _____.

Attached is a copy of his/her current medical health and accident card.

Allergies to Medicine/Insect bite/etc. _____

Person to notify in case of an accident: _____

Phone Number: _____

I have read and fully understand this Waiver and Release of Claim form:

Guardian Signature

Date

Witnessed by: