



DeMATHA CATHOLIC HIGH SCHOOL

Order of the most Holy Trinity and of the Captives

UNITED STATES DEPARTMENT OF EDUCATION
TWICE RECOGNIZED SCHOOL OF EXCELLENCE



Athletic Department

Baseball

PERMISSION FORM AND RELEASE

Student Name: _____ Birth Date: _____

Basketball

Parent / Guardian Name: _____

Crew

Home Phone: _____ Cell Phone: _____

Cross
Country

Sport: _____ School Year: _____

Football

I, the undersigned parent or legal guardian of the above named student (the "Student"), give my permission for the Student to attend and participate in all activities associated with the above referenced sport as a student of DeMatha Catholic High School ("DeMatha"). This permission extends to any and all activities related to or arising out of participation in this sport, including training, practice, games, events, and the transport, to, from, and during any such activities. Although the majority of the travel for the sport will be local, activities associated with the sport may require travel overnight and/or outside of the Baltimore-Washington, D.C. metropolitan area. Thus, this permission extends to all travel of any kind or length associated with the sport, including but not limited to transport by any vehicle operated by any volunteer or employee approved by DeMatha or any third-party transportation company or commercial carrier engaged by DeMatha or any overnight lodging. A schedule of games, meets, matches, or events for the sport is posted on DeMatha's website or will be provided to the student.

Golf

Hockey

Lacrosse

Rugby

In consideration of the opportunity for the Student to participate in this sport, I do hereby, for myself, the Student, and our heirs, estate, executors, administrators, assigns, and family members, **VOLUNTARILY ASSUME** all risks associated with the Student's participation in the sport and **IRREVOCABLY AND UNCONDITIONALLY RELEASE, HOLD HARMLESS, AND INDEMNIFY** DeMatha, the Order of the Most Holy Trinity and of the Captives, and their former, current, and future agents, employees, officers, directors, volunteers, representatives, affiliated organizations and entities, and other participants (collectively, the "School") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action arising out of or relating to any loss, damage, COVID-19, or injury (including death) sustained in connection with or arising out of the Student's participation in the sport, including all associated travel and any actions taken by the School pursuant to this permission form and release. By my signature below, I also acknowledge that participating in the sport (whether training, practices, games, events, or otherwise) and transportation involves risk of injury to the Student, including permanent disability, death, and economic loss, which might result from the activities of the sport, the acts or inactions of others (including of other competitors or vehicle operators), the unavailability of emergency medical care, and/or the inherent risks of the sport or of transportation. I fully understand, appreciate, and hereby assume and voluntarily accept all of the dangers and risks related to the Student's participation in this sport, whether on DeMatha's campus or elsewhere and including all associated travel, and I have voluntarily elected to allow the Student to participate in this sport.

Soccer

Swimming

Tennis

Track
Indoor
Outdoor

Wrestling

X _____

Date of Signature

Parent/Guardian Signature

X _____

Date of Signature

Witness Signature

X _____

Witness Name (Printed)