

PERMISSION AND WAIVER FORM
FOR USE OF
ST. GEORGE'S, COLLIERVILLE FACILITIES

INDIVIDUAL'S NAME (Please print)

I hereby give my consent for the above named individual to utilize St. George's, Collierville facilities and fields realizing that any activities conducted while utilizing St. George's, Collierville property involves the potential for injury. I acknowledge that even with the best supervision, use of the most advanced equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I acknowledge that I have primary medical insurance on the above individual with medical benefits.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. George's, Collierville, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject.

All student rules, regulations and guidelines put forth by St. George's, Collierville are to be observed at all times.

As the parent/guardian of _____, I have reviewed the information and I request that the subject of this release be allowed to participate in all the planned activities except _____. (Insert NA if there are no exceptions.)

Date

Signature of Parent/Guardian

Signature of Parent/Guardian