



KNOXVILLE CATHOLIC
HIGH SCHOOL
9245 Fox Lonas Road
Knoxville, Tennessee 37923

knoxvillecatholic.com



Liability Release

Required for participation in any KCHS sponsored or hosted sport, camp, clinic, or other sports-related activity.

Participant(s) Name: _____

Address: _____ Zip: _____

Parent/Emergency Contact Name: _____

Phone: _____ Email: _____

Liability Release

Parent/Guardian Permission: I authorize my child's participation in _____, a Knoxville Catholic High School Athletic Program. It is my understanding that participation in the activities that make up Knoxville Catholic High School Athletic Programs (KCHS Athletics) involves some inherent risk of injury. As such, in consideration of my child's participation in KCHS Athletics, I hereby release, waive, discharge, and covenant not to sue the Knoxville Catholic High School, their officers, servants, agents, volunteers or employees (contractual or salaried) from any and all liabilities, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage, injury, or death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, on or upon the premises where the activity is being conducted. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the Knoxville Catholic High School Athletics, if any, would provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for that cost. I hereby state that I am the legal guardian of said child(ren).

Consent

I agree to the terms of the Liability Release.

Guardian Signature

Date