



EMPOWERING YOUNG
WOMEN SINCE 1927

2228 South Whipple Street | Chicago, Illinois 60623 | ourladyoftepeyac.org

Our Lady of Tepeyac High School Athletics Permission and Waiver Form 2021-2022 School Year

Our Lady of Tepeyac Catholic School ("School") is concerned with the development of the WHOLE Catholic Christian person – the religious, moral, social and academic dimensions, as well as physical development. Through participation in the School athletic program, students will develop ethical and moral standards, lifelong skills, and positive values. These values include leadership, healthy living habits, self-discipline, integrity, teamwork, respect for rules and regulations and the ability to participate with dignity and grace. Further, participation in the program provides an opportunity to build relationships with our school community so that together we can encourage the spiritual, moral, intellectual, social and physical development of our students outside of our classrooms and cultivate school spirit. While skill development and competition are components of our athletic program they must be balanced to achieve our mission of developing and growing the whole Catholic Christian person.

I give permission and authorize my child's participation in the athletic program ("Athletic Program") of the School. I affirm that my child's health is good and that he/she is fit to participate in any physical activities presented as part of the Athletic Program. I also affirm that my child does not suffer from, and is not under the care of a doctor for any condition that would prevent or limit his/her participation in the Athletic Program, and that I am responsible for consulting my child's physician before he/she may engage in the Athletic Program if it may aggravate any condition that he/she may have. I acknowledge that my child's participation in the Athletic Program is entirely voluntary and is not required or directed by the School.

Acknowledgements and Assumption of Risk

I understand and acknowledge that participation in the Athletic Program:

- involves physical activities and known and unknown risks to my child. Such risks include, but are not limited to, illness, allergic reaction, property damage/loss, bruises, scrapes, cuts, bumps, fractures, concussions, paralysis, or death; and
- poses a potential for risk of exposure to COVID-19, which remains a highly contagious viral infection, to my child(ren), myself and other members of my family. This risk of exposure includes, but is not limited to, close contact with other participants, sharing equipment, shouting, etc.

Further, I acknowledge and understand that, by participating, I knowingly and voluntarily assume all risks listed above associated with my child's participation in the Athletic Program. I acknowledge that federal and state government officials have declared a public health crisis in our country related to COVID-19. I also acknowledge that the School cannot prevent me/my child from becoming exposed to, contracting, or spreading COVID-19 while participating in the Athletic Program.

Health and Safety Precautions

I recognize the importance of complying, and agree that I/my student will fully comply with the School's policies, guidelines and/or any School employee's instructions regarding participation in the Athletic Program including, but not limited to, those relating to health and safety precautions (e.g., testing, social distancing, face coverings, hand washing, sanitization, and temperature and symptom checks).

I agree that neither I, my child, nor any member of our family will attend any component of the Athletic Program including, but not limited to meetings, practices, games if I/my child/ or family member has tested positive for COVID-19 or is experiencing any symptoms of COVID-19 or meets any other criteria that would preclude attendance for in-person instruction under current School protocols, and further acknowledge that I/my child/family member will be sent home from the Athletic Program if I/my child/family member disregards any of the above conditions.

Release of Liability and Hold Harmless Agreement

For myself and as a parent/guardian of a child who is participating in the Athletic Program, I recognize and acknowledge that there are certain risks of injury, illness (including exposure to COVID-19), allergic reaction, property damage, loss, and/or death, that may arise from my child's participation. I, and my agents, representatives, assigns, heirs, and successors hereby waive, relinquish, and hold harmless, the Our Lady of Tepeyac High School and the Catholic Bishop of Chicago, a Corporation sole, their officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them, from and against any and all claims, demands, suits, liability, and causes of actions, whether known or unknown, past, present, or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, illness (including exposure to COVID-19), allergic reaction, loss, or death, arising out of, in connection with, or in any manner related to my child's participation in the Athletic Program.

I have carefully read this Permission and Waiver and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue Our Lady of Tepeyac High School and the Catholic Bishop of Chicago, a Corporation sole, their individual officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors, and each and every one of them. This Waiver is complete and signed of my own free will. I am aware that this form is a contract between myself, my child, and St. [insert name of school] and the Catholic Bishop of Chicago, a Corporation sole. I further certify that I am the parent or legal guardian of the child identified below and that I have the full and complete legal authority to sign this Athletics Permission and Waiver form.

Health Insurance and Treatment [FOR HIGH SCHOOLS ONLY]

In the event of a medical emergency, I authorize School personnel to seek medical attention for my child. I confirm that one of the following is true (please check one):

I/my student is covered by our family accident/health insurance; or

I will provide proof of accident insurance coverage purchased through the School.

Name and signature of child (student)

Date

Name and signature of Parent/Guardian

Date