

# Joseph S. Bruno Montessori Academy

## Release Form

(Required by JBMA Annually)

### 2019-2020 School Year

Parental/Guardian Agreement, Consent, and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom).

A. I hereby give consent for my child to participate in the following school sanctioned sport(s):

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- B. I know of, and acknowledge that my child knows of the risks involved in participating in the school's athletics program. The risk of injury from the activities involved in this program can be significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and I assume all risk inherent therein; and,
- C. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my child's or children's participation; and,
- D. The Registrant and I willingly agree to comply with the stated and customary terms and conditions for participation, including but not limited to the rules of Joseph S. Bruno Montessori Academy and its affiliated organizations and sponsors.
- E. I hereby hold harmless Joseph S. Bruno Montessori Academy and any officer, agent, representative, member, employee or coach thereof from any and all liability for injury to the above named player which may result directly from the player's participation in the basketball program.
- F. I further authorize any representative of Joseph S. Bruno Montessori Academy to render first aid and to secure medical treatment and transport as my representative if, in the opinion of said representative, such treatment appears necessary or desirable. I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary.
- G. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_