



Bach Wellness Center
Bishop McCort Catholic High School

Waiver of Liability Release Form

In consideration for being granted access to the Bach Wellness Center, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my use of Bishop McCort's Bach Wellness Center.
3. I further agree to release and hold harmless Bishop McCort Catholic High School and its employees and volunteers from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in Fitness Center activities.
4. I willing agree to comply with Bishop McCort's rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in Fitness Center activities.
6. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Wavier of Liability Form, understand it and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent. If under 18 my parent or guardian shall also sign.

(Over 18)

Print Name	Signature	Date	DOB / /
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Email

Biographical Information (circle one): Student Graduate Parent Staff Faculty Other: _____

Emergency Contact	Relationship	Phone #
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For participants of Minority Age (under 18)
This is to certify that I, as **parent/guardian** with legal responsibility for this participant, do consent and agree to his/her release as provided above.

Print Name	Parent/Guardian Signature	Date
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