

**ARCHDIOCESE OF MILWAUKEE Parent's and/or
Legal Guardians Risk Acknowledgement and Consent to
Participate Form**

Participant _____ Birth _____

Date _____ Address _____

_____ Height _____

_____ Weight _____ Grade _____ Name(s) and Address(s) for Parent/Guardian _____

My/our child wishes to participate in the sport of _____

during the _____ (season) of _____ (year).

I/We realize that there are numerous risks involved in participating in the sport of _____ . These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social, and recreational activities and to generally enjoy life. We have been informed about the various risks associated with our child's participation in _____ and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in good physical condition and has undergone a sports physical in the past two years. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation.

As a condition of our child's voluntary participation in _____, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

Date: _____

Parent/Legal Guardian

Parent/Legal Guardian