



**SAINT DOMINIC ACADEMY**  
*Empowering Women for Leadership Since 1878*

**2572 JOHN F KENNEDY BLVD.  
JERSEY CITY, NJ 07304 201-434-5938**

**ATHLETIC AND SCHOOL PARTICIPATION & INSURANCE FORM  
WAIVER RELEASE AND INDEMNITY AGREEMENT**

Student Last Name	First Name	Middle	
Street Address	City	State	Zip Code

Current School Year: July \_\_\_\_\_ to June \_\_\_\_\_

This agreement is entered into between Saint Dominic Academy ("SDA") and the undersigned parent/legal guardian of the above-named participant with respect to the student's participation in all athletics and school sponsored activities. I understand that participation in these activities is a privilege and not an exclusive right at the school. I acknowledge that there are inherent risks associated and accompanied with sports and other school activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting the student named above to participate in athletics and/or school activities, I, for myself, my child, (and my spouse), as the parent or legal guardian of the student named above, hereby voluntarily release, discharge, waive and relinquish all claims that each may have against Saint Dominic Academy, The Community of the Sisters of St. Dominic of Caldwell, its officers, agents and employees, arising out of or in any way related to the above described activity, including but not limited to, claims for bodily injury, personal injury, emotional distress, property damage or wrongful death occurring to the student arising out of the stated activity. This release, discharge, waiver, and relinquishment also pertains to any instruction or supervision related to the activity on the part of Saint Dominic Academy, The Community of the Sisters of St. Dominic of Caldwell, its officers, directors, trustees, employees and agents.

The student and the parent(s)/guardian(s) further agree that in the event any one of them makes a claim against Saint Dominic Academy, The Community of the Sisters of St. Dominic of Caldwell, its officers, directors, trustees, employees or agents, arising out of or in any way related to the above described activity, including but not limited to a claim for bodily injury, personal injury, emotional distress, property damage and/or wrongful death arising out of or participation in the activity, then such student, parent and/or guardian shall defend, indemnify, and hold harmless Saint Dominic Academy, The Community of the Sisters of St. Dominic of Caldwell, its officers, agents and employees, from said claim(s).

I understand that I will be notified in the event my daughter does not adhere to the rules and regulations set forth by Saint Dominic Academy. I acknowledge that the administration of the school will be notified, and my daughter may be subject to disciplinary action. The parent(s)/guardian(s) acknowledge that they have read this "WAIVER, RELEASE AND INDEMNITY AGREEMENT" and are aware of the legal consequences of signing this binding document.

**OVER**



# SAINT DOMINIC ACADEMY

PLEASE PRINT

Parent/Guardian Name \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that my child must be covered by health insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or practice for, all athletic events as a student at Saint Dominic Academy during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in practice for or participation in athletic events during the current school year.

Health Insurance \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy/Group # \_\_\_\_\_

## Authorization for Medical Treatment and Release

I, the undersigned, individually and as the parent/guardian of \_\_\_\_\_ a minor, ask that she be admitted to participate in the Saint Dominic Academy athletic and extracurricular program. In consideration of such admission, I do hereby agree to release, discharge and hold harmless Saint Dominic Academy, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the school or in the course of activities held in connection with the program. I understand that every reasonable attempt will be made to contact me in the event of an emergency; however, if I cannot be contacted, I hereby authorize the staff of the school to act for me in their best judgment in any emergency requiring medical attention. I have no knowledge of any physical or health impairment that would be affected by the participation of the above named individual in the Saint Dominic Academy trips and programs. The parent(s)/guardian(s) acknowledge that they have read the "WAIVER, RELEASE AND INDEMNITY AGREEMENT" on the reverse side of this form and are aware of the legal consequences of signing this binding document. I have read both sides of this document.

Parent/Guardian: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**OVER**

