



# STATEMENT OF LIABILITY

2016/2017 School Year

I here by give consent for \_\_\_\_\_  
To compete in sports and related practice sessions and to go with  
the coach on any trips.

I acknowledge that even with the best coaching, use of protective  
equipment and strict observance of the rules, injuries are still a  
possibility. I understand that NLR Catholic Academy, its  
employees, sponsors or coach **will not be liable** in case of an  
accident.

I also give my permission in case of illness or injury, for the  
coach, assistance coach or parent affiliated with NLR Catholic  
Academy Athletic Department to secure treatment for my child. I  
understand that NLR Catholic Academy athletes are not covered  
by any insurance except personal policies. NLR Catholic  
Academy will not be responsible for payment of any bills resulting  
for athletic injuries.

I agree to be responsible for the safe return of all athletic  
equipment and uniforms issued to the above named student.

**All fees must be paid before the first practice session.**

I acknowledge that I have read and understand the above  
statement.

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date