

**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