

WAIVER AND RELEASE OF CLAIMS
St. Francis Xavier Parish

In exchange for and in consideration of the opportunity for my minor child to participate in Middle School Edge Program sponsored by St. Francis Xavier Parish, I hereby agree to the following:

- I recognize, as with any activity, the possibility and risk of injury associated with my child's participation in the Activity and that such injury can include, but is not limited to, serious bodily injury, permanent disability, paralysis, and death.
- I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my child's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.
- I understand that, but for the agreement of the parents like me/us to release any claims arising out of the Activity, the Parish would not sponsor the Activity.
- I and my spouse assume, for ourselves and on behalf of our minor child, all risks in connection with my child's participation in the Activity.
- To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, Parish, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and Catholic Charities Corporation (Catholic Charities, Diocese of Cleveland), as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's participation in the Activity, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).
- I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the Parish, or the Diocese of Cleveland.

By signing below I agree that I have read and fully understand this Release and agree to all of its terms.

Name of Minor Child: _____

Parent Signature: _____ **Date:** _____

Print Name: _____

Parent Signature: _____ **Date:** _____

Print Name: _____