

SAINT GABRIEL OF THE SORROWFUL VIRGIN SCHOOL

PHYSICIAN RELEASE

_____ (student) has been examined by me on
_____ (date) and my examination has found no medical reason to
preclude his/her participation in competitive sports.
_____ (physician/date)

PARENT RELEASE

In consideration of _____ (student), being allowed to participate
in competitive sports, and intending to be legally bound, I do hereby release and
forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the
Diocese, Catholic Institute, and Saint Gabriel of the Sorrowful Virgin Catholic
School of the city of Pittsburgh, PA, and/or the School Athletic Association, their
agents and their successors, from any/all actions or suits in law or equity which
I/we might hereafter have, by reason of injuries sustained by my child
participating in sports or in transit to or from participation in sports.

_____ (mother/date)
_____ (father/date)

Mother's Employer (name, address and phone): _____

Father's Employer (name, address and phone): _____

Hospitalization covering athlete (name, policy number and agreement number):

Other Coverage: _____

Please check if you do not have Hospitalization Coverage _____

Coverage for injury resulting from athletic participation is specifically excluded
from the Diocesan Insurance Programs. However, the diocese will provide
payment up to \$1,000.00 toward the balance of athletic injury medical costs in
excess of an individual's own coverage (Hospitalization, DPA Blue Cross, Blue
Shield, Major Medical, etc.). This payment is subject to strict limitations and no
claim will be considered without full information required. As in the past,
expenses beyond one year of accident date are not eligible expenses.

I have read the above and will comply.

_____ (mother/date)
_____ (father/date)