

ALL SAINTS EPISCOPAL SCHOOL
ATHLETIC PERMIT AND CONSENT

The undersigned student and his parent or guardian consent for the student to compete in the All Saints Athletic Program approved sports and to travel to and from sporting events and practices with the coach or other persons.

The undersigned hereby agree that the student may ride with the coach or any other person who provides transportation to and from such events or practices. We understand even though protective equipment may be worn by athletes, the possibility of an accident remains while the student is participating in sporting events or practices and that All Saints will not assume any responsibility in case an accident occurs. If, in the judgement of any representative of All Saints School the student who has signed below should need immediate care and treatment as a result of any injury or sickness, the undersigned hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse, or school representative. Even though All Saints provides athletic insurance, it is an excess policy and if the family has medical insurance, their insurance is primary. If no family insurance is available, then the All Saints insurance is primary. All Saints insurance will pay balance not paid by your medical insurance.

The undersigned hold harmless and indemnify All Saints School, its Board of Trustees, its agents, servants, and employees, and their successors, personal representatives, executors, administrators, and assigns from all claims, actions, causes of action, liability or damages of any nature

1. arising out of any accident or injury which the student may receive traveling to and from such sporting events or practices except as provided by the Texas Tort Claims Act, including any liability for the selection of any driver or the permission granted to any person to drive or provide transportation; or
2. arising from any accident or injury occurring during an athletic event or practice; or
3. by reason of any medical care and treatment of said student, including the claim for medical and hospital bills.

Date

Student

Parent/Guardian

Home Address

Telephone Number