



**TRINITY SPRING WORKOUTS
R.W. MARSHALL CENTER
SHAMROCK HALL
STEINHAUSER GYM**

RELEASE FORM

In consideration of the permission I grant my son to participate in the Trinity High School Spring Weight-lifting and Conditioning activity, I hereby release and discharge Trinity High School, its agents, employees, officers and board members from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have or which the undersigned's heirs, executors, administrators or assigns may have, or claim to have, against Trinity High School, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above named activity.

Further, I understand that Trinity High School's student accident/injury insurance coverage applies only to students enrolled in and currently attending Trinity (grades 9-12) and that my personal, family medical insurance coverage will be utilized should my son suffer an injury during these workouts.

RELEASE OF ALL CLAIMS

RELEASE MADE BY _____

Address _____

City of _____, State _____, AS PARENT OR

GUARDIAN OF _____ Date _____

Name: _____

Address: _____

Date of Birth: ____/____/____

PARENT PERMISSION FOR EMERGENCY MEDICAL TREATMENT

We, the parents of the above named, do hereby grant permission for the team physical and/or hospital emergency personnel to perform whatever medical treatment shall be deemed necessary in the event of injury to our child. It is understood that a reasonable effort will be made to contact us before this permission is used.

Parent Signature: _____ Date: _____

Parent Contact Number: _____

Hospital of Choice: _____

Doctor: _____

Insurance Company: _____

Policy Number: _____

Current Medications: _____

Allergies: _____

Other: _____