

FONTBONNE | The Early College of Boston

Student Information

Name: _____ Town: _____

Sports: Fall: _____ Winter: _____ Spring: _____

Insurance Carrier: _____ Policy #: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Alternative Phone: _____

Agreement

I, the parent/guardian of the above-named Student, on my own behalf and on behalf of the Student, and/or the Student, if of the age of majority, give permission for Fontbonne Academy allow the Student to participate in the activities identified above for the 2020-2021 school year, including any travel and/or transportation related thereto (hereinafter, “Fontbonne Athletics”). I understand the Student’s participation is voluntary, and that Fontbonne Academy would not allow such participation without my agreement to these terms and conditions.

I hereby certify that I and the Student have reviewed and understand Fontbonne Academy policies and guidelines regarding the novel coronavirus that causes the disease known as COVID-19, available at [INSERT LOCATION], and that I and the Student are responsible for complying with these policies and guidelines. I understand that these policies and guidelines may be updated from time to time, and I agree to accept full responsibility for familiarizing myself with any such updates. I attest that the Student is in good health and able to participate in Fontbonne Athletics, and that to the best of my knowledge, no person in the Student’s household has been diagnosed with, demonstrated any symptoms of, been exposed to, or been notified of exposure to COVID-19, within the past fourteen (14) calendar days. I acknowledge that by participating in Fontbonne Athletics there is a risk of being exposed to COVID-19, that such exposure can occur either directly or indirectly regardless of any preventative measures implemented by Fontbonne Academy, and that Fontbonne Academy cannot guarantee that by participating in Fontbonne Athletics that there will be no exposure to COVID-19. I agree that if any person residing in the Student’s household begins to experience any symptoms of COVID-19 or is notified that they have been exposed to or infected with COVID-19, the Student will immediately cease participating in Fontbonne Athletics and, if the Student has participated in Fontbonne Athletics within fourteen (14) calendar days of such symptoms, exposure, or infection, I will immediately notify Fontbonne Academy and provide information sufficient to

allow Fontbonne Academy and/or the appropriate local or state public health agency to identify any person(s) who may have been exposed.

I understand that the Student's participation in Fontbonne Athletics may involve a risk of exposure to and/or illness from an infectious disease and/or serious personal injury, bodily injury, and/or property damage, regardless of the level of supervision and/or the observance of rules. I also understand that such activity involves the potential for minor, major or catastrophic injuries inherent in all contact/non-contact extracurricular activities. I acknowledge and agree that I am consenting to the Student's participation in Fontbonne Athletics with full knowledge of the dangers involved therewith. I expressly assume and accept any and all such risks with full knowledge that the Released Parties identified herein will not be liable for any such injury and/or damage.

I authorize the team physician, school nurse, athletic trainer, coach/supervisor, and/or appropriate medical professional to render first aid, administer medication, seek and/or authorize medical attention, and/or perform such emergency procedures as may be deemed appropriate for the Student. This document may be presented to appropriate emergency medical staff at such time as emergency medical care is required. In case of emergency, I understand Fontbonne Academy will use reasonable efforts to contact the emergency contact identified above. I understand that the Released Parties will not be liable or responsible for accidents and/or medical, dental, or hospital charges or expenses incurred as a result of participation in Fontbonne Athletics, and that any related charges or expenses are my sole responsibility.

On behalf of myself and my heirs and assigns, I forever waive, release, discharge, indemnify and hold harmless, including all legal fees and costs of defense, Fontbonne Academy, the Sisters of St. Joseph of Boston, and all of their respective officials, members, agents, employees, servants, volunteers, vendors, affiliates, insurers, attorneys, representatives, subcontractors, successors, and assigns, and others for whom any one or more of the these parties may have legal responsibility (collectively, the "Released Parties"), jointly and severally, from and against any and all actions, claims, demands, causes of action, responsibility, and liability for injuries, losses, or damages of any kind whatsoever, including without limitation exposure to and/or illness from any infectious disease and/or personal injury, bodily injury, property damage, to the Student, the Student's parent(s)/guardian(s), the Released Parties, or others, KNOWN or UNKNOWN, in LAW and/or EQUITY, which may have arisen in the past or may arise now or hereafter, before and/or after the Student has reached the age of majority, in any way, directly or indirectly, from the Student's participation in Fontbonne Athletics, and/or any medical care rendered in relation thereto.

Concussion Policy: Massachusetts law requires that parents and students, as well as coaches and trainers, complete a training program that facilitates their awareness of the serious nature of head injuries and concussions prior to participating in extracurricular athletic activities. Therefore, as a condition of the Student's participation in Fontbonne Athletics, I/We, the parent(s)/guardian(s), as well as the Student, each certify that I/we have completed the following training program designated by Fontbonne Academy: "Concussion Courses: Concussion in Sports", accessible at www.nfhslearn.com/electiveDetail.aspx?courseID=15000. Any student who has sustained a

head injury prior to the completion of this form must disclose and give information about the injury below.

☐ Check here if the student has ever sustained a head injury. Please include date(s) and cause(s) of the injury:

I understand that the Student is expected to behave in accordance with the guidelines set forth in the Student Handbook and Fontbonne Academy policies at all times, and that the Student's ability to participate may be revoked without notice and in the Fontbonne Academy's sole discretion for unacceptable conduct.

By signing below, I acknowledge and agree that I have had full opportunity to read and review this Athletics Permission and Release Form and to consult with counsel of my own choosing regarding its contents, and that I sign it voluntarily, freely, and knowingly, with complete understanding of its terms and conditions. I represent that I have full legal authority to execute this Athletics Permission and Release Form on behalf of myself, my family, and the Student, if a minor.

Signature of Parent/Guardian_____

Date_____

Signature of Student_____

Date_____