
**BISHOP LEONARD-ST. MARY OF THE MOUNT ACADEMY-
ATHLETIC DEPARTMENT**

PHYSICIAN RELEASE:

_____ has been examined by me on _____ and my examination has found

Student Name

Date

no medical reason to preclude his/her participation in competitive athletics.

Physician

Date

PARENT RELEASE:

In consideration of _____ being allowed to participate in competitive athletics 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, Bishop Leonard-St. Mary of the Mount Academy School, 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/from participation in athletics.

Parent/Guardian Signature

Date

INSURANCE INFORMATION:

Insurance Company: _____

Identification Number: _____

Policy Number: _____

Employer: _____

Check here for other 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. 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.

Principal

Parent/Guardian