



## **CYO Release and Consent Form**

Parent/Guardian Full Name:	_
Player Full Name:	_
School/Parish Name:	
Grade:	
Release and Hold Harmless Agreement	
l agree on behalf of myself, this participant named herein, or our heirs, successors, and as	
harmless and defend (Parish/School Name):, the Rollishop of Fall River, Corp Sole, its officers, directors, employees and agents, volunteers, or	man Catholic
representatives associated with CYO, from any claim arising from or in connection with pa CYO program or in connection with any illness or injury (including death) or cost of medica connection therewith, and I agree to compensate the parish/school, the Roman Catholic B River, Corp Sole, its officers, directors, employees and agents, volunteers, or representative with the CYO program for reasonable attorney's fees and expenses which may incur in any brought against them as a result of such injury or damage.	rticipation in th Il treatment in ishop of Fall ves associated
Assumption of Responsibility	
As parent and/or legal guardian, I remain legally responsible for any personal actions above-named participant.	taken by the
Parent/Guardian Print Name:	
Parent/Guardian Signature:	
Date:	