

**SMCHS hold harmless statement**

Santa Margarita Catholic High School  
22062 Antonio Parkway  
Rancho Santa Margarita, CA 92688



Name of Student/Camper: First: \_\_\_\_\_ Last: \_\_\_\_\_

I voluntarily agree to participate or for my children to participate in this or these programs. The undersigned is (are) aware that participating in these activities involves risk of injury to the above-named student. The undersigned hereby agree to assume any and all liability and agree to hold harmless and indemnify the Orange County Catholic Diocese, Santa Margarita Catholic High School and all of their employees, officers, directors, agents, volunteers or affiliated entities from any and all claims, damages, injuries, accidents or incidents which may arise or occur with respect to the above-named student during the course of the activity.

**Parent initial** \_\_\_\_\_

I (We) hereby warrant and represent that the above-named student is physically fit and capable of taking part in such activity. I (we) make this warranty and representation on the basis of advice given me (us) by a duly licensed medical doctor, and I (we) know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor.

**Parent initial** \_\_\_\_\_

I (We) further agree that the above-named student will abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

**Parent initial** \_\_\_\_\_

I (We) authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and the above-named student's participation therein, and the publication or other use thereof. I (We) hereby waive any right to compensation therefore or any right that I (we) otherwise might have to limit or control such making or use.

**Parent initial** \_\_\_\_\_

Should it be necessary for the above named student to receive medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school to render medical treatment deemed necessary by the physician. I understand that any insurance benefits that are effective have limited application.

**Parent initial** \_\_\_\_\_

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Previous School: \_\_\_\_\_ \*SMCHS Student #: \_\_\_\_\_ \*if applicable

Student Email: \_\_\_\_\_

Fall 2010 Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_