

# SAINT GABRIEL OF THE SORROWFUL VIRGIN SCHOOL

## PHYSICIAN RELEASE

\_\_\_\_\_ (student) has been examined by me on  
\_\_\_\_\_ (date) and my examination has found no medical reason to  
preclude his/her participation in competitive sports.  
\_\_\_\_\_ (physician/date)

## PARENT RELEASE

In consideration of \_\_\_\_\_ (student), being allowed to participate  
in competitive sports, 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, and Saint Gabriel of the Sorrowful Virgin Catholic  
School of the city of Pittsburgh, PA, and/or 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 or from participation in sports.

\_\_\_\_\_ (mother/date)  
\_\_\_\_\_ (father/date)

Mother's Employer (name, address and phone): \_\_\_\_\_

Father's Employer (name, address and phone): \_\_\_\_\_

Hospitalization covering athlete (name, policy number and agreement number):  
\_\_\_\_\_

Other Coverage: \_\_\_\_\_

Please check if you do not have Hospitalization 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 (Hospitalization, DPA Blue Cross, Blue  
Shield, Major Medical, etc.). 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.

I have read the above and will comply.

\_\_\_\_\_ (mother/date)  
\_\_\_\_\_ (father/date)