

For Epi-pen users:

RELEASE, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT

Parish or School _____ Date: _____

This RELEASE, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT is executed on the _____ day of _____ in the year _____ by the undersigned parents of the following student:

We, the undersigned, hereby acknowledge that we have requested the school named above to administer medication or perform a procedure for our child. The procedure or medication is listed on the attached sheet.

We are aware that this activity or procedure may involve a significant risk of injury and hereby agree to accept any and all responsibility and risk of injury.

In consideration of the school performing the requested procedure, each of the undersigned, their personal representative, heirs and assigns, DO HEREBY:

(1) RELEASE, DISCHARGE AND COVENANT NOT TO SUE the above named School Parish, the Diocese of Nashville and their agents and representative (hereinafter known as the "Releasees") from any and all claims and liability arising out of strict liability or the ordinary or gross negligence of Releasees or from acts which cause injury, death or property damage to the undersigned, their child or ward. The undersigned further agree to hold Releasees harmless and indemnify Releasees from any claim, judgment or expenses Releasees may incur due to the activity involving the undersigned or their child or ward.

(2) UNDERSTAND that participation in the described activity or procedure may involve danger and risk of injury. Such danger is understood and voluntarily assumed.

(3) ACKNOWLEDGE that the undersigned are aware the Releasees are not trained medical professionals and are performing a voluntary act for the undersigned's benefit and that of their child. The undersigned assume ALL RISK for themselves, their child or ward and all liability to others. No oral representations or inducement have been made to obtain signatures on this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

We have carefully read this document and full understand its contents. We are aware that this is release of claims. We understand and we assume all risks in agreeing to this activity or procedure and voluntarily sign our names evidencing our acceptance of these provisions.

Date

Parent / Guardian

Date

Parent / Guardian

Date

Witness

Date

Witness