



BISHOP HENDRICKEN HIGH SCHOOL
PHYSICAL EDUCATION & SPORTS ACKNOWLEDGEMENT
ASSUMPTION OF RISK FORM

The undersigned, being an adult prospective student athlete or parent/legal guardian of the undersigned minor prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored by **Bishop Hendricken High School**. The undersigned specifically assert that said student athlete will comply with the rules and regulations of **Bishop Hendricken High School**, that they are aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in sports participation.

Now, therefore, pursuant to the Rhode Island General Laws S7-6-9, the undersigned, in consideration of participation in **Bishop Hendricken High School** sports program, herein grant to **Bishop Hendricken High School** its officers, directors, trustees, agents, servants and employees, a waiver of liability as regards participation in any sports program sponsored by **Bishop Hendricken High School**. The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sponsored by **Bishop Hendricken High School**.

Bishop Hendricken High School
School

Signature of Student

Warwick
City/Town

Signature of Parent/Guardian if student is
under Age 18

Name of Student (Print)

Date of Signature

Age of Student

Signature of Notary Public

Year of Graduation

(This form must be completed by all students intending to participate in any **Bishop Hendricken High School** sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the Admissions Office.)

(All HENDRICKEN STUDENTS MUST COMPLETE THIS FORM EVEN IF THEY DO NOT INTEND TO PARTICIPATE IN SPORTS.)