



ST. SAVA SERBIAN ORTHODOX CATHEDRAL OF BOSTON

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**St. Sava Serbian Orthodox Cathedral Sunday School Sports Program
Assumption of Risk and Release of Liability
School Year 2024/25**

Student Full Name: _____

Parent/Guardian Full Name: _____

Contact Information (Phone/Email): _____

Date: _____

Assumption of Risk and Release of Liability

I acknowledge that the student named above will be participating in physical activities, including various sports, fitness exercises, and coordination events as part of the St. Sava Cathedral Sunday School Sports Program. I understand that such activities may involve risks of injury. By allowing my child to participate, I voluntarily assume all risks associated with these activities, including potential injuries.

I hereby waive any claims or rights to take legal action against St. Sava Serbian Orthodox Cathedral, its clergy, staff, volunteers, or affiliates for any injuries that may occur as a result of participation in this program. I understand that it is my responsibility to determine if my child is physically fit to participate, and if necessary, to consult a physician before engaging in any physical activities. If my child has any condition that could impair their ability to safely participate, I will obtain a physician's note detailing any necessary limitations.

This waiver and release remain in effect as long as the student is enrolled in any program at St. Sava Serbian Orthodox Cathedral.

I have read and agree to the above policy

Medical Policy and Medical Emergencies

I understand that my child will not attend the St. Sava Sunday School Sports Program if they exhibit any signs of illness, including but not limited to fever, cough, sore throat, breathing difficulties, gastrointestinal symptoms, unexplained rash, fatigue, headache, or loss of taste/smell, within 24 hours of participation. I agree to follow all applicable health guidelines, including those issued by the CDC or

local authorities regarding COVID-19 or any other infectious diseases. If my child tests positive for COVID-19, I will ensure they observe the required quarantine period before returning to the program. I understand that the staff and volunteers of St. Sava Cathedral are not medical professionals. In the event of an injury or illness, I release St. Sava Cathedral from liability and authorize the staff or volunteers to administer first aid or, if necessary, arrange emergency medical care. I agree to cover the cost of any medical services, including ambulance fees, that may be required. I also agree to provide health insurance for my child and guarantee payment for any medical expenses incurred as a result of participation in the sports program.

If my child requires an inhaler or any other medication, I understand that it is my responsibility to either remain with them during activities or provide a physician's release allowing their independent participation.

I have read and agree to the above policy

Acknowledgment

By checking this box, I confirm that I have read and fully understand the policies outlined above. This check mark represents my signature, and by checking it, I agree to all the terms stated in the "Assumption of Risk and Release of Liability" and "Medical Policy and Medical Emergencies" sections.

I have read and agree to the above policy

Print Name: _____

Signature: _____

Date: _____