



# Academy of Our Lady of Guam

233 Archbishop Flores Street, Hagatna, Guam 96910

Email: [acad@aolg.edu.gu](mailto:acad@aolg.edu.gu) ♦ web: [www.aolg.edu.gu](http://www.aolg.edu.gu)

☎ - (671) 477-8203 • - (671) 477-8555

*"...dedicated to excellence."*

---

## PARTICIPATION AGREEMENT

In consideration of the opportunity to have my daughter participate in any sports activity or clinic for the school year 2025-2026 I, \_\_\_\_\_, the parent, guardian, or person having the care and custody of \_\_\_\_\_ (participant), on behalf of myself, spouse, co-guardian, agents, heir, next of kin, and the participant, hereby agree to the following:

**Waiver & Release:** I agree to release, indemnify, and hold harmless, the Academy of Our Lady of Guam and its administration, athletic director, coaches and staff from any responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from negligence of the school, that the participant may incur while traveling to or from engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in the sports activity,

**Covenant Not to Sue:** I warrant and agree that I will not make a claim against or sue the forgoing parties and their agents contractor and/or employers and forever release them and waive all actions, claims, or demands that I may have or hereinafter have of whatsoever nature or kind including without limitations claims for personal injury or damage to personal property, loss of services, past or present, known or unknown, or any other claim arising out of Participant's participation in the school sports activities.

**Medical Care:** In addition, I understand that the Academy of Our Lady of Guam does not provide medical insurance and that I, as a parent and whose child is a participant in sports activities, should provide personal medical insurance. In the case of injury or medical emergency, the school has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood the parent and not the school shall be responsible for any all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

**Assumption of Risk:** Furthermore, I recognize that every sports activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries regardless of severity including death, and all risk damage to or loss of property which the participant may incur, while participant is participating in sports activities.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms.

Printed Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone contact (s): \_\_\_\_\_

Email contact(s): \_\_\_\_\_