



Supplement Food Liability Form

Student Name _____

Address _____

Phone _____

Emergency Contact Person _____

Emergency Phone #: _____ Relationship _____

Liability Waiver:

I, the undersigned, am aware of the student's health, physical condition, and allergies and have knowledge that the student will be participating in receiving supplements while participating in school activities.

Having such knowledge, I hereby acknowledge this release, any representatives, coaches, sponsors, and successors of St Vincent-St Mary High School from liability for accidental injury or illness which he/she may incur as a result of participating in receiving supplements. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect the student's ability to participate in said program.

Student Signature _____ Date ___/___/___

Parent Signature _____ Date ___/___/___