



LIABILITY WAIVER 2018-2019

St Rose St Mary's School
140 Auto Street • Clintonville, WI 54929 • 715-201-9913

STUDENT Name _____ Birth Date _____ Grade _____

Parent/Guardian Completing Form: _____

Home Address _____
Street City State/Zip Code

Home phone: _____ Work phone _____

FIELD TRIP PERMISSION

INITIALS I grant permission for my child named above to participate in any event organized by St Rose St Mary's School during the 2018-19 school year. If the event is off-site, I also grant permission for my child to be transported by any means of official transportation organized by St Rose St Mary's School or their representatives.

HOLD HARMLESS AGREEMENT

INITIALS As parent/guardian, I remain legally responsible for any personal actions taken by my child (student named above). I agree on behalf of myself, my child, or our heirs, successors, and assigns, to hold harmless and defend St Rose St Mary's School, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.

MEDICAL RELEASE

INITIALS My signature below empowers St Rose St Mary's School authorities to exercise their own judgment in calling the physician listed on my child's registration form, or if not available, to transport the student to the hospital emergency department if medical attention is deemed necessary. I understand that I will be contacted immediately.

MEDIA RELEASE

INITIALS This authorization form constitutes permission for my child's participation in videotaping, photographs, quotes which may be obtained during a school sponsored event. These could be used for further promotional videos, website promotions, flyers, or other diocesan or parish appropriate uses.

PERSONS AUTHORIZED TO PICK UP STUDENT

St Rose St Mary's School personnel have my permission to release my child to the following person.

Name _____ Relationship _____

My signature below acknowledges my understanding and authorizes St Rose St Mary's School as described in each section above unless otherwise noted on this form.

SIGNATURE _____ Date _____