

## Permission Form/Liability Waiver for 5<sup>th</sup>-12<sup>th</sup> Grade Bowling

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in our parish sponsored **5<sup>th</sup>-12<sup>th</sup> grade bowling** requiring transportation to locations away from the parish/school premises. A brief description of the activity follows:

Name of Event: Bowling

Destination: Janesville Bowl, Janesville, MN

Designated Supervisors/drivers: Kayla Greiner/Edna Burns and other adult chaperones

Dates/Times: Sunday, April 29 at 2:00 PM to 4:00 PM Leave from Sacred Heart at 1:45pm

Method of Transportation: cars

In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I/we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Sacred Heart Church, the Diocese of Winona, its agents, employees and officers and the chaperones, leaders, organizers, and sponsors and people transporting our child to and /or from these activities.

I hereby consent to participation by my child \_\_\_\_\_

In the event described above. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In the event of an emergency and I/we cannot be contacted, I/we hereby authorize that emergency treatment may be administrated. (Please include a copy of your medical insurance card, both sides, with this form.)

The following are special circumstances regarding my child which you should be aware of: \_\_\_\_\_

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send a copy of the participant's health care card along with this form.**