



THE ACADEMY OF OUR LADY OF PEACE

Permission/Release Form

Student's Name: _____

Grade: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Cell Phone: _____ Email: _____

Address: _____

I request that my child participate in: (check all that apply)

_____ Cross Country _____ Volleyball _____ Track & Field _____ Softball

for The Academy of Our Lady of Peace. I hereby waive and release any and all rights and claims or damages which I may have against Our Lady of Peace Parish, the Archdiocese of Newark, and all of their agents, servants and employees, for any and all injuries which my child may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in your program. As a parent I understand it is my responsibility to pick up my child at the predetermined time. I also understand that if my child becomes ill or destructive, the above "EMERGENCY CONTACT" will be called to take my child home.

Signature of Parent/Guardian

Date

I hereby waive and release any and all rights and claims for damages which I may have against Our Lady of Peace Parish, the Archdiocese of Newark, and all of their agents, servants and employees, for any and all injuries which I may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in your program. I also understand that if I become ill or destructive, the above "EMERGENCY CONTACT" will be called to take me home.

Signature of Student Participant

Date