

**SACRED HEART SCHOOL  
PO BOX 249  
ADAMS, MINNESOTA 55909  
(507)582-3120  
[www.sacredheartadams.com](http://www.sacredheartadams.com)**

**PLEASE SIGN/RETURN THIS WAIVER OF LIABILITY  
BY WEDNESDAY, MAY 18, 2016**

WE AS PARENT(S) OR GUARDIAN(S) UNDERSTAND THAT THE SCHOOL WILL, ON OCCASION, THROUGHOUT THE 2016-2017 SCHOOL YEAR PLAN FOR STUDENTS VARIOUS LEARNING ACTIVITIES THAT ARE NOT ON THE SCHOOL PREMISES, WE HEREBY DO GRANT PERMISSION FOR OUR CHILD/CHILDREN:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

TO PARTICIPATE IN SUCH SCHOOL ACTIVITIES. WE FURTHER UNDERSTAND THE RISKS INVOLVED IN SUCH ACTIVITIES AND AGREE NOT TO HOLD THE SCHOOL RESPONSIBLE FOR ACCIDENTS OR INJURY THAT MAY OCCUR.

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)