

**SACRED HEART SCHOOL
PO BOX 249
ADAMS, MINNESOTA 55909
(507)582-3120
www.sacredheartadams.org**

PLEASE SIGN/RETURN THIS WAIVER OF LIABILITY

WE AS PARENT(S) OR GUARDIAN(S) UNDERSTAND THAT THE SCHOOL WILL, ON OCCASION, THROUGHOUT THE 2020-2021 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)