

# LEBANON CATHOLIC SCHOOL

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from \_\_\_\_\_ School, A brief description of the activity follows:

Name of Event:

Destination:

Designated Supervisor of Activity:

Date and Time of departure:

Date and Anticipated Time of Return:

Method of Transportation:

Student Cost:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and waiver of liability.

My child has special medical concerns. Yes _____ No _____ (if Yes, please describe on back)
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## CONSENT AND WAIVER

I hereby request the participation of my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event including the method of transportation.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg ( and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above-described event.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Please return this form by \_\_\_\_\_.