



ACADEMY OF OUR LADY OF PEACE SPONSORED PROGRAM AGREEMENT

DATE: _____

NAME OF MINOR: _____ RELATIONSHIP TO YOU: _____

ADDRESS OF MINOR: _____ PHONE: _____

FUNCTION/ACTIVITY: Spring Leadership Conference

DATE & TIME OF ACTIVITY: Tuesday, March 10 2:30-4:00

LOCATION OF ACTIVITY: OLP Campus

RELINQUISH OF CLAIMS AGAINST ACADEMY OF OUR LADY OF PEACE ONLY

I/We recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against **Academy of Our Lady of Peace** including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the school sponsored program.

MEDICAL RELEASE

Our permission is hereby given to the school representative of **Academy of Our Lady of Peace** to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

STUDENT: _____ DATE: _____

PARENT/GUARDIAN (Name Typed or Printed): _____

TELEPHONE: _____ SIGNED: _____ DATE: _____

Insurance Company Name & ID Number:

Please check here if the student is self insured.

ALTERNATE INDIVIDUAL TO CONTACT IN CASE OF AN EMERGENCY:

(Name) (Telephone)

FAMILY PHYSICIAN: _____ PHONE: _____ CITY: _____

ALLERGIES, MEDICAL CONDITIONS, REACTIONS OR OTHER COMMENTS:
