

*St. Rose of Lima Catholic School
Schulenburg, Texas*

I give my son/daughter, _____ permission to go to _____ on the following date, _____.

I will not hold St. Rose of Lima School, or others associated with it responsible for any claims, costs or expense for property damages, personal injuries or other damages arising out of my son/daughter's travel to _____.

I assume the risk of injury in this event and give up any and all claims for damages I may have against St. Rose of Lima School of Schulenburg or others associated with this event.

I also authorize the chaperones to seek any medical attention in case of an accident or illness and to have a doctor employ the usual and customary diagnostic aids and treatment until I can be contacted.

Signature of parent or guardian

Date

Phone Number
