



ARCHDIOCESE OF SEATTLE
CATHOLIC SCHOOLS

Holy Rosary Extended Care Parental/Guardian Consent and Liability Waiver

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

I (Parent/Guardian) _____ Grant permission for my child,
(child's name) _____, to participate in this school-sponsored
event that requires transportation to a location away from the school site. This activity will take
place under the guidance and direction of school employees and/or volunteers from **Holy Rosary
School**.

A Brief description of the activity follows:

Type of event and purpose of trip: _____

Location of event: _____ Date: _____

Individual (s) in charge: _____

Estimated time of departure: _____ return: _____

Mode of transportation to and from event: _____

Cost (if any): \$ _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named
minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and
defend **Holy Rosary**, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle,
chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs,
expenses and all consequential damage arising from or in connection with my child attending the event or in
connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate
the school, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, Chaperons,
or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____