

# CROSS COUNTRY PERMISSION FORM

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to, claims for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in their field trip, activity or event.

2019 Cross Country Season 9/9/19 - 10/31/19

Your child's class will be participating in:

\_\_\_\_\_

I, as parent or guardian, give permission for my child:

\_\_\_\_\_ to participate in the **2019 Cross Country Season 9/9/19 - 10/31/19**. In case of an emergency or injury, I give permission for my child to receive medical treatment.

Required Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_