

**ST. VIATOR HIGH SCHOOL  
ON-CAMPUS ACTIVITY RELEASE FORM**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(please print)

Activity Location: SVHS Auditorium

Activity: Combined rehearsal w/ St. James Date: Tues, March 18

Educational Purpose: To prepare for that evening's concert

Cost: \_\_\_\_\_

Starting Time: during 7<sup>th</sup> + 8<sup>th</sup> period Ending Time: \_\_\_\_\_

Faculty Moderator: Mrs Sandrock + Mr. Martin

In order to participate in this activity, this signed permission slip must be returned to:

Sandrock/Martin by Tues, March 18  
(Teacher) (Date)

**Emergency Treatment Authorization:** As parent(s), I (we) do hereby authorize the treatment by a qualified and licensed doctor of the student named herein in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me (us). This form is completed and signed of my (our) own free will in order to authorize medical treatment under emergency circumstances in my (our) absence.

**Agreement Regarding Liability:** I (we) hereby relieve the School, its employees and chaperones from any and all liability for claims arising out of my (our) son's/daughter's participation in this activity and to indemnify and hold harmless the School, its employees and chaperones against any such claims arising out of my (our) son's/daughter's participation in this activity.

I (we) have read and understand the terms of this On-Campus Activity Release Form. In consideration of the opportunity to attend this activity, I (we) and my (our) son/daughter will abide by the terms set forth in this On-Campus Activity Release Form as a condition to attend the activity.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(Date)

Parent/Guardian Phone Number: \_\_\_\_\_  
(Day) (Evening)

PLEASE FILL IN: (If there are any special instructions regarding the student's health, please indicate on the back of this form. If there are none, please write "none".) \_\_\_\_\_