



WALK 2019



Central Catholic High School

Parent Permission Form

To be eligible to participate in the Central Catholic Walk 2019 your child must return this form to their homeroom teacher by Friday, September 6th.

Student Name: _____

Homeroom: _____

Year Level: _____

I give permission for my child, _____ to participate in the **Central Catholic Walk 2019** to be held Friday, November 22, 2019. I agree that in the event that my child is injured as a result of his/her participating in this event through the active or passive negligence of Central Catholic High School or any of its employees, recourse for the payment of any resulting hospital, medical or related cost and expenses will first be held against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

Please check one:

I know of no medical reason that would prevent my child from participating safely.

For medical reasons, my child cannot walk the two-mile route and will require special alternative participation. (Please attach written explanation.)

No, my child may not participate in **Central Catholic Walk 2019**.

Reason: _____

Parent Signature: _____

Date: _____

Parent Name (print): _____