

**NERINX HALL ATHLETIC DEPARTMENT ATHLETIC
CONTEST PARENT PERMISSION SLIP.**

Student Name: _____

Athletic Contest: _____

Date of Contest _____

****Fill out the backside of this sheet***

Athlete will be transported by Bus, Adult Driver or Student Driver

- bus student drivers
 adult drivers other _____

If the activity involves drivers, I give permission for my daughter to (check all that apply):

- drive herself to and from the said activity.
- drive other students to and from the said activity. She may transport _____ students. Our insurance policy is up to date and in good legal standing. Number
- ride with a student driver to and from the said activity.
- ride only with an adult chaperone to and from the said activity.

RELINQUISH OF CLAIMS

To the fullest extent allowed by law, I/we recognize and acknowledge that there are risks in my child's/ ward's presence and participation in the school sponsored program. I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against the school and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the school sponsored program, except for claims arising out of the sole or gross negligence and willful and wanton misconduct of Nerinx Hall, its employees and representatives.

MEDICAL RELEASE

I/We release Nerinx Hall from any claim whatsoever which arises or may hereafter arise as a result of any first aid, treatment, or service rendered in connection with my daughter's participation in this activity, or with the decision by any representative or Nerinx Hall to exercise the power to consent to medical treatment in the event of an emergency (in which the parent/guardian cannot be reached.) In case of emergency, accident, or sudden illness and I/we cannot be reached, permission is hereby given to the school representative of Nerinx Hall to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance at the nearest hospital in the event of an accident or medical emergency involving my daughter.

By signing below, my daughter has my permission to participate in this activity and be transported by the method selected above.

Parent/Guardian Signature

Date