

SHADOW VISIT PERMISSION FORM AND RELEASE

St. Maria Goretti Catholic High School Date: _____ Arrival time: _____ Departure time: ____ Method of Transportation: Bring a bagged lunch or money to purchase lunch. Parent/Guardian: Retain this section for your information. ^^^^^^^^^^^^ Return bottom section for school use. Grade: ____ Student Name: In consideration of the learning experience in which the student will participate, I as parent/guardian of the student listed above do hereby agree to allow the student to participate in and attend on (date) I acknowledge receipt of accompanying information regarding rules, responsibilities and expectations. In consideration of the opportunity for the student to participate in this shadow visit, I agree to RELEASE AND HOLD HARMLESS AND IDEMNIFY St. Maria Goretti High School, its Administration, Faculty, and Staff from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with or arising out of the student's participation in this shadow visit. I hereby grant permission the school permission to obtain medical care from a licensed physician, hospital, or medical clinic for the student in the event that I cannot be reached. Check one of the following: The student is covered by hospitalization and medical insurance under Policy #_____issued by _____ The student does not have medical coverage and I will assume responsibility for any costs associated to hospitalization and medical care for the student. Parent / Guardian Name: Home Phone: _____ Cell Phone: _____ Parent / Guardian Signature: Date:_____

Student Signature: Date: