



## SCHOOL SPONSORED PROGRAM AGREEMENT

Date: \_\_\_\_\_

Student \_\_\_\_\_ Relationship: \_\_\_\_\_  
(PRINT) Last Name First Name

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Function/Activity: \_\_\_\_\_

Dates & Times of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

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### RELINQUISH OF CLAIMS AGAINST St. John's College High School ONLY

I recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored program identified above. I agree to indemnify St. John's College High School and it harmless, and I hereby waive and relinquish all claims, including any claims arising out of negligence that I may have against St. John's College High School, its officers, agents, employees, representatives or volunteers arising out of any activity my child/ward participates in while attending the program or in connection with transportation to or from the program.

### MEDICAL RELEASE

Our permission is hereby given to the school representative of St. John's College High School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

\_\_\_\_\_  
(Name of Student)

Parent/Guardian (PRINT): \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_ City: \_\_\_\_\_

ALLERGIES, REACTIONS OR OTHER COMMENTS: