

**CHRISTIAN BROTHERS ACADEMY SCHOOL SPONSORED PROGRAM
AGREEMENT**

DATE: June 15, 2023

NAME OF MINOR: _____ **RELATIONSHIP TO YOU:** _____

ADDRESS OF MINOR: _____ **PHONE:** _____

FUNCTION/ACTIVITY: Laser Tag Trip

DATES & TIMES OF ACTIVITY: August 3, 2023 Depart CBA 11AM, pick up at 4:30PM

LOCATION OF ACTIVITY: Fireball Mountain Laser Tag, Wrightstown, NJ

COST: \$45 – includes bus transportation, laser tag gear, laser tag game, and pizza.

In addition to permission slip you must complete the waiver at

<https://fireballmtn.ourers.com/waiver-station/213154/>

If they do not have your waiver they will not permit you to play.

RELINQUISH OF CLAIMS AGAINST Christian Brothers Academy ONLY

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 all claims I may have against Christian Brothers Academy including any negligence claims on their part 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.

MEDICAL RELEASE

Our permission is hereby given to the school representative of Christian Brothers Academy 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:

STUDENT: _____

PARENT/GUARDIAN (Typed or Printed) _____

DATE: _____ **SIGNED:** _____
(Parent or Guardian)

Company Name and Type of Plan: _____

Individual to contact in case of emergency:

(Name) (Telephone)

FAMILY PHYSICIAN: _____ **PHONE:** _____ **CITY:** _____

ALLERGIES, REACTIONS OR OTHER COMMENTS: _____