

**CHRISTIAN BROTHERS ACADEMY SCHOOL SPONSORED PROGRAM
AGREEMENT**

DATE: _____

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

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

FUNCTION/ACTIVITY: Class of 2028 Game Night at CBA

DATES & TIMES OF ACTIVITY: July 10, 2024 - 3:30 – 6:30

LOCATION OF ACTIVITY: CBA

COST: \$25

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: _____