



SAINT ALPHONSUS  
PARISH SCHOOL

**AFTERSCHOOL EVENT PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (child's name) \_\_\_\_\_, to participate in this school-sponsored event. This activity will take place under the guidance and direction of school employees and/or volunteers from St. Alphonsus School.

**Event: Chess Club**

**Cost: \$30**

**Dates of Event: Every 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of the month**

**Time of Event: 3:15-4:30pm**

**Teacher responsible: Mr. Marsh**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend **St. Alphonsus School**, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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

After this activity my child will: \_\_\_ Go to Extended Care

\_\_\_ Be picked up

\_\_\_ Go home with another student \_\_\_\_\_