

CATHOLIC ARCHDIOCESE OF CHICAGO AND HOLY FAMILY CATHOIC COMMUNITY CONSENT AND LIABILITY WAIVER FORM

I, (parent/guardian) hereby give permission for	
	(names of child/ren)
to be picked up and signed out of their Holy Fa	amily Faith class by
who is in grade	
I fully understand that	
•	Faith Class they will be under the direct supervision of
 there is no adult supervision or traffic c Catholic Community; 	control provided in the parking lots of Holy Family
 though outdoor lighting is in place there 	e are still areas of the parking facilities in shadow;
 hundreds of cars are passing through t 	the parking lots during dismissal of students.
staff and its volunteers and the Catholic Bishol	e and indemnify Holy Family Catholic Community, its p of Chicago, a corporation sole, from any and all re whatsoever from my decision not to have an adult
•	diate examination and/or treatment of my (our) child, ople to obtain for my child such medical services as are
I, the undersigned, hereby acknowledge that I have signed the same as my own free act and	have read the foregoing, understand its contents, and deed.
(Signature of Parent/guardian)	(Cell phone # of Parent/guardian)
(Date)	