

DIOCESE OF LA CROSSE-AQUINAS HIGH SCHOOL/MIDDLE SCHOOL
SUPPLEMENTAL CHILD CONSENT AND RELEASE FORM
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
2023-2024 SCHOOL YEAR

Student's Full Name: _____

Grade: _____ Birth Date: ____/____/____ Gender: Male Female

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, the parent/guardian named above, grant permission for my child, named above, to participate in school events that require walking to a location away from the school site. These activities will take place under the guidance and direction of school employees and/or volunteers from **Aquinas Catholic Schools and/or Aquinas High School/Middle School**. Such activities include, but are not limited to:

- Teacher supervised walking field trips to/from activities taking place within a 1.5-mile radius of the Aquinas High School/Middle School campus (Viterbo, Cathedral Church, etc.)
- Physical activities that take place during or outside of Phy Ed class at Weigent Park or other walkable locations
- Participation in academic events that take place during the school day, within a 1.5-mile radius of the Aquinas High School campus such as band practice, class retreats, homecoming parade, etc.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the named above minor ("student").

I acknowledge that I have previously completed the Aquinas High School/Middle School Emergency Form providing medical information, permissions, authorizations, and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form:

Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Aquinas Catholic Schools/Aquinas High School, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the events, arising from or in connection with my child attending the events 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 Diocese of La Crosse, chaperones, or representative associated with the events for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: ____/____/____