



SCHOOL SPONSORED PROGRAM AGREEMENT

2021 Senior Retreat

Our Lady of Fatima Retreat Center

Student _____ Homeroom: _____
(PRINT) Last Name First Name

Address: _____

Date of Retreat (Please circle): Feb. 16-19, 2021 Feb. 23-26, 2021 March 9-12, 2021 Apr. 6-9, 2021

RELINQUISH OF CLAIMS AGAINST BISHOP CHATARD HIGH SCHOOL ONLY

I recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored program identified above. I agree to indemnify Bishop Chatard High School and it harmless, and I hereby waive and relinquish all claims, including any claims arising out of negligence that I may have against Bishop Chatard High School, its officers, agents, employees, representatives or volunteers arising out of any activity my child/ward participates in while attending the program or in connection with transportation to or from the program.

I agree that **my child shall abide by all Bishop Chatard rules and policies**. I have reviewed and discussed the rules and policies with my child prior to signing this form. I agree that if my child fails to abide by the rules/policies, or engages in a serious infraction, he or she may be immediately dismissed from the school sponsored program above with no refund, and sent home at my expense.

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to *Bishop Chatard* and the Bishop Chatard website and/or other promotions.

MEDICAL RELEASE

Our permission is hereby given to the school representative of Bishop Chatard High School 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:

(Name of Student)

Parent/Guardian (PRINT): _____ Guardian Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____ Policy No. _____

Emergency Contact: _____ Phone No. _____

Emergency Contact Email: _____

Family Physician: _____ Phone No. _____ City: _____

ALLERGIES, REACTIONS, DIETARY RESTRICTIONS, OR OTHER COMMENTS:

The Campus Ministry Sponsor Fund supports programs and families who may be struggling to pay for Campus Ministry programs. Go to <https://bishopchatard.thankyou4caring.org> and indicate that you would like to contribute to the "Campus Ministry Sponsor Fund." You will receive a letter to be used as a receipt for your charitable donation.

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