



CURÉ of ARS CATHOLIC SCHOOL

Parental/Guardian Consent Form and Liability Waiver for Walkers/Bikers

Student's Name: _____ Grade: _____

Teacher's Name _____

Student's Name: _____ Grade: _____

Teacher's Name _____

Student's Name: _____ Grade: _____

Teacher's Name _____

Student's Name: _____ Grade: _____

Teacher's Name _____

Parent/Guardian's Name: _____ Phone #: _____

Home Address: _____

I, _____, grant permission for my child(ren), _____
(Parent or Guardian's Name) (child's name)

(children's names)

to be a walker/biker at the end of the school day. As a parent and/or Guardian, I realize that once my child is dismissed and leaves Curé of Ars Catholic School property that the liability and safety of my child then becomes my responsibility.

I understand that it will be my responsibility to notify Curé of Ars Catholic School if this arrangement changes for any reason.

I agree that on the behalf of myself and my child to hold harmless Curé of Ars Catholic School and the Archdiocese of Kansas City in Kansas from any claim arising from, or in connection with my child after being dismissed and having left Curé of Ars Catholic School property.

My child(ren) will be walking/biking on Mon. Tues. Wed. Thur. Fri.
(please circle all days your child will walk)

Parent or Guardian Signature

Date

9403 Mission Road, Leawood, KS 66206

Christ's Way is Our Way