



Saint John
SCHOOL

**AFTERSCHOOL PROGRAM CONSENT AND
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT 2026-2027**

Child's Name: _____

Grade: _____

Parent's/Guardian's Name: _____

Cell Phone: _____

Parent's/Guardian's Name: _____

Cell Phone: _____

Child's Home Address: _____

I/We hereby grant permission for the child named above to participate in the Afterschool Programs of Saint John School.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

AFTERSCHOOL PROGRAM PICK-UP AUTHORIZATION

I/We hereby grant permission for the following adults to pick-up my/our child from the Afterschool Program. I/We understand that my/our child will only be permitted to leave with the parents/guardians named above or the person(s) listed below, unless I/we later provide written consent for additional person(s) to pick-up my/our child.

Name: _____

Cell Phone: _____

Name: _____

Cell Phone: _____

Name: _____

Cell Phone: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

AFTERSCHOOL PROGRAM EMERGENCY CONTACT INFORMATION
List two emergency contacts other than the parents/guardians listed above:

Name: _____ Cell Phone: _____

Relationship to child: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Relationship to child: _____ Work Phone: _____

AFTERSCHOOL PROGRAM MEDICAL RELEASE

I/We understand and agree that if medical care is necessary for the child named above and I/we cannot be reached, Saint John School will act on my/our behalf in granting permission for my/our child to receive emergency medical treatment.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

AFTERSCHOOL PROGRAM WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I/We understand that participation in the Afterschool Programs are voluntary and that the child named above and I/we are free to choose not to participate. I/We understand that participation in Afterschool Programs and other voluntary afterschool activities include risk of injury that may range in severity from minor to disabling and even death. Although serious injuries are not common, it is impossible to eliminate the risk.

I/We understand that the Afterschool Programs may require transportation to a location away from Saint John School and that we are responsible for transportation to such location(s). I/We understand that school employees will NOT transport participants in the Afterschool Programs.

I/We understand that the Afterschool Program will take place under the guidance and direction of Saint John School and Saint John Parish employees and volunteers.

I/We understand that I/we remain legally responsible for any actions taken by the child named above. I/We, for ourselves and our minor child(ren) and our respective heirs, successors, assigns and personal representatives, hereby waive, release, absolve, and agree to indemnify and hold harmless Saint John School,

Saint John Parish, the Roman Catholic Diocese of Norwich, and their directors, officers, representatives, employees, volunteers, organizers, affiliates, and participants in Afterschool Programs other than the child named above, for, from, and against any and all demands, claims and liability arising from or relating to any bodily injury, illness or death, cost of medical treatment, and/or property damage, known or unknown, which may occur or result from the participation of the child named above in any and all Afterschool Program activities, whether the result of negligence, or for any cause.

I/We agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut, and if any portion hereof is held invalid, it is agreed that the balance shall continue in full force and effect.

I/We hereby consent to any publicity, including the use of the name and likeness of the child named above, in connection with the child's participation in Afterschool Programs.

I/We, as parents/guardians of the child named above, have read this entire document, and understood this Waiver, Release and Indemnification Agreement, and understand that it affects my/our legal rights and those of my/our child(ren), and that it is a binding Agreement. I/We execute it knowingly and voluntarily.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____