

ASSUMPTION OF RISK AGREEMENT AND RELEASE

We, the undersigned parents of _____, acting individually
(student name)
and as parents and next friends of _____, a minor, do hereby
(student name)
assume all responsibility for and all risk of injury that may occur to _____
(student name)
as a student at St. Anthony Grade School while walking to an appointment. For valuable
consideration, the undersigned do hereby release and discharge all teachers, employees and
agents of St. Anthony Grade School from all claims, demands, rights or causes of action,
present or future, whether known, anticipated or unanticipated, and resulting from or
arising out of going to an appointment.

We will not take legal action against St. Anthony Grade School or their assignees on
behalf of myself or child as a result of any injury or loss, however great, traveling to or
from or during appointments.

We also have medical insurance, which will pay for treatment in case of injury, and said
insurance is valid. _____
(name of insurance)

We have read, understand and signed the foregoing Assumption of Risk Agreement and
Release this _____ day of _____, 20_____.

Parent

Parent