

**2021 Martyr Marathon Permission Slip - Please return by September 20th  
St. Stephen the Martyr School, Archdiocese of Omaha**

**MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

(Parent or guardian's name)

(Child's name)

to participate in this parish/school event that requires walking to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Stephen the Martyr.

A brief description of the activity follows: **This is the school's largest fundraiser of the year. This year, a portion of the walk route will be along S, 166th and V Streets. Students will depart from the SSM East lot and proceed around the block within Mission Hills before heading back to school grounds in the SSM south parking lot and around the school. Students will walk in the streets along the route, which will be blocked by the City for student, teacher, volunteer and parent safety.**

Type of event: **2021 Martyr Marathon Fundraising Walk, Grades K-8** Date of event: **Friday, September 24th, 2021** Destination of event: **Please see event/route map attached for more details** Individuals in charge: **2021 Martyr Marathon Committee** Estimated time of departure and return: **10:00 - 11:30 a.m.** Mode of transportation to and from event: **Walking with respective classes, teachers and volunteers** Cost per student **N/A** (automatically deducted per eLunch) passes may be honored. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Stephen the Martyr its officers, directors, employees and agents, and the Arch/Diocese of Omaha, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors, and agents, and the

Arch/Diocese of Omaha, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Omaha.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WALKING ROUTE FOR K – 8<sup>TH</sup> GRADE

