2026 Martyr Marathon Permission Slip
Please return by September 14th

St. Stephen the Martyr School, Archdiocese of Omaha
MEDICALINFORMATIONANDPARENTAL/GUARDIANCONSENTFORM/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 only and largest fundraiser of the year. A portion of the walking 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, whick will be blocked by the city for the safety of all students, teachers, voulnteers and parents.**

Type of event: **2026 Martyr Marathon Fundraising Walk, Grades K - 8**

Date of event: **Friday September 18th, 2026**

Destination of event: **Mission Hills Neighborhood. Please see the event/route map for more details**.

Individuals in charge: **2026 Martyr Marathon Committee**

Estimated time of departure and return: **9:15 am - 11:45 am**

Mode of transportation to and from the event: **Walking with respective classes, teachers and volunteers**

Cost per student: **N/A**

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:_____