

PERMISSION SLIP FOR EXTRAVAGANZA VIDEO

I request that (Student's Name - print) _____ be allowed to participate in a video that will be used as part of this year's Extravaganza fundraiser. I understand that my student will be visible on video and be identified by name. Students in group B will participate on Wednesday, November 11. Students in group A will participate on Thursday, November 12.

Please return this form to Mrs. Bozarth in the Main Office no later than Monday, November 9.

RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child by Quincy Notre Dame High School, Quincy, Illinois, to participate in this activity, I hereby release and discharge Quincy Notre Dame High School, its agents, employees, and officers from all claims, demands, and actions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigned may have, or claim to have against QND High School for all personal injuries, known or unknown, and injuries to property caused by, or arising out of, the above described activity. I further acknowledge that I have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above activity.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Date

Parent/Stepparent/Guardian (print)

Parent/Stepparent/Guardian Signature