

## CROSS COUNTRY PERMISSION FORM

I, on my behalf individually, and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Soe, ts agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers, and priests and each such person's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to, claims for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field tri, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in their field trip, activity or event.

Your child will be participating in:

**2025 Cross Country Season - September through October 2025**

I, as parent/guardian, give permission for my child \_\_\_\_\_ to participate in the **2025 Cross Country Season**. In case of an emergency or injury, I give permission for my child to receive medical treatment.

### Required Parent/Guardian

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

Print Name : \_\_\_\_\_

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