

Student Release Form

Name of Event:	College + Care	a Exploration
Date(s) of Event:	nt: Wed. Nov. 16, 2022	
Location of Event: Franciscan Center of Lourdes University		r of Lourdes University
Transportation:	ansportation: SUF	
Released Parties:	St. Ursula Academy, Sisters of St. Ursula, the Diocese of Toledo, and all of their respective representatives, officers, directors, employees, volunteers, insurers, and related persons and/or entities.	
This certifies that n	ny daughter, (print name)	
physically and ment in the Event.	ally fit to participate in the Event ar	nd has my permission as parent/guardian to participate
VOLUNTARILY AND daughter being tranhereby FULLY RELE officers, agents, eminjuries, demands, whether in law or experience.	KNOWINGLY accept and assume sported in privately owned vehicle ASE AND FOREVER DISCHARGE the ployees, successors, assigns, insurantions, causes of action, damage	s, executors, administrators and assigns. Additionally, the known and unknown risks associated with my s driven by students, teachers, and/or their parents. e Released Parties identified above along with their ers and volunteers, from any and all losses, expenses es, rights, and claims of whatsoever kind of nature ion with my daughter's participation in the Event, and ted Parties.
	hereby ASSUME FULL RESPONSIBI	sequence of my specific intention to release any and al LITY for any and all consequences of my daughter's
		ED WITH THE INTENT TO BE LEGALLY BOUND, AND IS RSTANDING THE TERMS AND CONSEQUENCES OF THIS
Signature of Parent/	Guardian	Date:
Printed Name of Par	ent/Guardian	