

WALK-A-THON PERMISSION SLIP 2009

STUDENT GRADE _____

As parent/guardian, I hereby give my consent for

STUDENTS NAME _____

to participate in the 2009 Bishop Luers High School WALK-A-THON on October 2, 2009. I am aware that reasonable efforts will be made to provide adult supervision during the course of the event, but I realize that there are risks to the participants, both known and unknown. By signing this consent, I acknowledge that all such risks, including the risk of any injury, are assumed by the parents/guardians of the WALK-A-THON participant. I also, now and forever, on behalf of the WALK-A-THON participant, his/her parents or guardians, release and discharge Bishop Luers High School and all persons organizing or connected with the WALK-A-THON event from any and all responsibility or liability for injury or damages of any kind which may be suffered by the participant or the parents or guardians as a result of participation in the WALK-A-THON or related activities.

DATE

SIGNATURE OF PARENT/GUARDIAN OF STUDENT NAMED ABOVE

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WALK-A-THON 2010 CHECKPOINT SPONSOR

Checkpoint Sponsors for Walk-a-thon are \$100.00, and are tax deductible. Your business or personal name will appear on a posted sign at a designated checkpoint, on a sign at our home football games, on our website and in our KnightNotes weekly newsletter. Your sponsorship will offset the costs associated with this important fundraiser, but **will not** be credited towards your student's own goal of \$75.00.

Sponsor Name: _____

Address: _____

Phone: _____

Pay today: _____ Bill me later: _____

Questions, contact Jenny Andorfer at 456-1261.

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