

# SAINT AGNES SCHOOL



913-262-1686 • 5130 Mission Rd. • Roeland Park, Kansas 66205

## Parental/Guardian Consent Form and Liability Waiver for Walkers

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child(ren), \_\_\_\_\_  
(Parent or Guardian's Name) (child's name)

\_\_\_\_\_  
(child's name)

to be a walker at the end of the school day. As a parent and/or guardian, I realize that once my child is dismissed and leaves school property that the liability and safety of my child then becomes my responsibility.

I understand that it will be my responsibility to notify St. Agnes Catholic School if this arrangement changes for any reason.

I agree that on behalf of myself and my child to hold harmless St. Agnes Catholic School, and the Archdiocese of Kansas City in Kansas from any claim arising from or in connection with my child after being dismissed and having left the school property.

My child(ren) will be walking on Mon. Tues. Wed. Thus. Fri.  
(please circle all days your child will walk)

To: \_\_\_\_\_

With: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date