BROTHER MARTIN HIGH SCHOOL
SPONSORED PROGRAM AGREEMENT
2026-2027

DATE: _____

NAME OF MINOR:_____

ADDRESS OF MINOR:_____ PHONE:_____

FUNCTION/ACTIVITY: **Stunt Clinic**

PERSON COORDINATING EVENT: **Blake Mulligan, Jordy Spitale, and Kathy Choina**

DATES & TIMES OF ACTIVITY: **Saturday, November 28, 2026, 3:30 p.m. to 5:30 p.m.**

LOCATION OF ACTIVITY: **Brother Martin High School Conlin Gym**

MODE OF TRANSPORTATION: **N/A**

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RELINQUISH OF CLAIMS AGAINST BROTHER MARTIN HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks in my child's/ Ward's presence and participation in the school-sponsored program. I agree to indemnify, hold harmless, waive, and relinquish any and all claims I may have against the school and its officers, agents, employees, representatives, or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the school-sponsored program, except for claims arising out of the sole or gross negligence and willful and wanton misconduct of the School, its employees and representatives.

MEDICAL RELEASE:

Our permission is hereby given to the school representative of the School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

STUDENT:_____DATE:_____

PARENT/GUARDIAN (name Printed)_____

Parent Signature_____DATE:_____
(Parent or Guardian)

Individual to contact in case of emergency:

_____
(Name) (Relationship) (Telephone)

FAMILY PHYSICIAN:_____PHONE:_____CITY:_____

ALLERGIES, REACTIONS, OR OTHER COMMENTS:_____