

# RHSA Graduation Activities Waiver

Student's Name: \_\_\_\_\_  
has my permission to participate in RHSA graduation activities. I (the legal parent or guardian of the student indicated above) hereby authorize any RHSA graduation adult chaperone to consent to medical treatment for my child in case of accident or illness when I cannot be reached.

I understand that every effort will be made to contact me before such action is taken. I will assume financial responsibility for emergency care. By signing the form, I also release RHSA and all graduation chaperones from any and all responsibility and liability in the event that said student is injured as a result of participation in any graduation activity.

This release of liability applies to anyone acting as an agent for RHSA graduation activities by providing transportation, hosting an activity, and/or acting as a chaperone during such activities and functions.

I have the following activity restrictions or medical conditions:

\_\_\_\_\_

## EMERGENCY CONTACT INFO:

Dad cell:

Mom cell:

Dad work:

Mom work:

Parent signature:

Date: