

WALKATHON

Sacred Heart Academy
47 Cathedral Avenue
Hempstead, New York 11550
September 25, 2009

RELEASE FORM

(To be signed by parent or guardian)

Student's Name _____ Homeroom _____

___ I give permission for my daughter to participate in the Walkathon on Friday, September 25, 2009. This event is our only fundraiser and is **mandatory**. A minimum of \$100 is to be returned with the pledge sheet. To my knowledge my daughter is physically fit to walk at a leisurely pace along a 2.5 mile route in Garden City, which may take up to 30 minutes for some students. I understand she will be accompanied by Sacred Heart Academy faculty/staff members and parent volunteers who will be posted along the route for safety and security. I also understand that the Hempstead Police Department has been notified of this event. I waive and release any and all rights and claims for damages and injuries which may be brought against Sacred Heart Academy.

___ My daughter is not able to walk the required distance at this time due to a medical condition. I understand that we are still responsible for the \$100 pledge and will be returned with the pledge sheet. She may participate in the water, cookies and DJ when the girls return from the walk.

The welfare and safety of our students is of major concern to all of the faculty and staff at Sacred Heart Academy. Completion of this form is essential in order for us to comply with the desired wishes expressed by the parent/guardian of each student.

Please sign and have your daughter return this form to her homeroom teacher with her pledges no later than Tuesday, September 22, 2009.

Thank you for your continued cooperation and support.

Parent/Guardian Signature

Date