



**Saints Peter and Paul High School
Christian Service Program**

Christian Service Project Agreement

Student Name: _____

Service Project Title: _____

Service Project Contact Company/Organization: _____

Service Project Coordinator's Name: _____

Address: _____

Phone: _____ **Email:** _____

Project Description: _____

Service Project Approval

Theology Teacher's Signature: _____ **Date** _____



Participation Waiver & Consent

I give my permission for _____ (name of child) to participate in the Christian Service Program associated with Saints Peter and Paul High School. I acknowledge that all contact with service organizations, participation with any service organization, and any necessary transportation to and from any service participation are my responsibility.

In consideration of the opportunity for my child to participate in this service activity, I agree to release and save harmless Saints Peter and Paul School and Parish, Robert Coine, Pastor and any employees from any liability, claims, demands, actions and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with my child's participation in this activity.

I hereby grant permission to the school's representative in charge to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached. In the event that the school or its representative deems hospitalization necessary, I authorize the school to have the student transported to the nearest hospital. I understand and agree that if there is any question concerning the severity of an illness or injury, Saints Peter and Paul High School policy dictates that an ambulance will be summoned to transport a student for proper medical evaluation, and that ambulance and medical fees are the responsibility of the family of the injured student.

Parent's Signature: _____ **Date** _____

Student's Signature: _____ **Date** _____