



**Special Activity Permission Form**

Date: **11/10/2019**  
To: **Parents or Guardians of Prospective Students**  
From: **Mr. Ismael Perez**

We are organizing a special activity and we hope you will allow your son to join us. Please read the description of the activity below, and sign the required Consent and Waiver of Liability at the bottom of this form for your son’s participation.

- Name of Event: **Open House, Shadow Day, Test Prep, & Entrance Test**
- Date-Time-Location: **OH: 9:00am 02/17/20, SD: 7:30 am 02/18/20, 02/24/20, 03/16/20, 03/23/20, TP: 6:00pm 02/12/20, 03/18/20, 04/01/20, ET: 9:00am 02/15/20, 03/21/20, 04/04/20**
- Educational Purpose: **To evaluate the benefits of Catholic education at FDMS**
- Description of Event: **Prospective students will visit FDMS and interact with our school community.**
- Transportation: **Private transportation is to be provided by parents/guardians of prospective students.**
- Cost and Payment Info: **Prospective students should bring money for lunch on Shadow Days.**
- Activity Leader: **Mr. Ismael Perez, Mr. Anthony Blas, Mrs. Christina Mantanona, other facilitators**

Event Approved By:

<i>Signature of Principal or Designee</i>	<i>Print Name</i>	<b>11/10/2019</b> <i>Date</i>
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**Consent and Waiver of Liability**

I, the parent and/or legal guardian of \_\_\_\_\_ (“my child”), request that Father Dueñas Memorial School (FDMS) allow him to fully participate in the **Open House, Shadow Day, Test Prep, & Entrance Test** as described above. I understand the nature and purpose of this event and I am confident that he will be physically capable of full participation.

In case of medical emergency, I understand that attempts will be made to contact me or the emergency contacts I have provided to the FDMS administration. If I am unavailable I give permission and authorize FDMS, the activity leader or designated agent to utilize whatever physician or medical provider which they select in order to secure medical treatment as deemed necessary by the circumstances for my child named above.

In consideration of my child being allowed to participate in this event, I hereby release and hold harmless the Archdiocese of Agana, FDMS, its/their employees, activity leaders, chaperons, volunteers and drivers, from any and all liability I, or my child, and/or any family member may have arising from or relating to my child’s participation in this event.

**Father’s Signature\*:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother’s Signature\*:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian’s Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*If only one parent signature is given it must be a parent with legal custody.*