

Student's name.

## St. Rose of Lima – Religious Education Program 51 Lincoln Place, Freehold NJ 07728 reled@stroseoflimachurch.org

office: 732-308-0215

## Parent permission release

My signature on this release indicates that I give my permission and understand the procedures that I apply to Religious Education Program at St. Rose of Lima Freehold. My child <u>WILL NOT</u> be met at the end of every class with adult supervision to walk home alone.

I understand that the practice of releasing my child to an adult is intended for my child's safety and that waiving this protection may expose my child to risk that are beyond the Religious Education Program at St. Rose of Lima Freehold control. I release the Religious Education Program, its volunteer, staff and representatives from any claims for injury or loss to my child or myself.

Student Shame.	
Parent/Guardian's:	
Parent/guardian Signature:	Date: