

PERMISSION FOR POWDER-PUFF GAME Oct 2, 2026

STUDENT FORM

I, the undersigned, agree to follow all the rules of the event and acknowledge that breaking any of the rules may result in injury to myself or others. I also absolve Bishop Carroll, its staff, and the Wichita Catholic Diocese of any responsibility for personal injury that may occur while participating in this activity. I also release the teachers, administration, school and referees from all liability and waive my claims against them.

signed: _____ date: _____

PARENT FORM

I, the undersigned, give permission to _____ to take part in the PowderPuff Football Game. I understand my son/daughter has been informed of the rules and that they are adequate to ensure his/her safety. I also absolve Bishop Carroll, its staff, and the Wichita Catholic Diocese of any responsibility for personal injury, etc. that may occur while participating in this activity. I also release the teachers, administration, school and referees from all liability and waive my claims against them.

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