

**SAINT ALBERT THE GREAT PARISH  
CCD Program  
Release Form**

**Instructions:** This form should be completed, signed and returned **ONLY** if your child will walk home from CCD on a regular **OR** occasional basis

**Parental Consent Form**

I, the undersigned parent or guardian of \_\_\_\_\_, request that my child(children) listed above be permitted to walk home from CCD sessions on a regular basis. Therefore, I do hereby authorize the Program Director to release my child(children) from the CCD sessions at the appointed time so that my child(children) may walk home.

Further, as parent or guardian of the minor(s) named above, I do hereby expressly consent that my child(children) may walk home from the CCD session unescorted by an adult, and do further agree to hold blameless the parish of St. Albert the Great as a corporation along with it's pastor, employees, advisors and volunteer staff from any liability, claims, and damages for personal injury, property loss and/or damage that may involve my child(children) as a result of my child(children) walking home from the CCD session.

**(Please print the following information)**

Name of Participant(s): \_\_\_\_\_ CCD Level: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Today's Date

**A SIGNED AND DATED COPY OF THIS FORM MUST BE ON FILE IN ORDER  
FOR YOUR CHILD TO WALK HOME!**