



Santa Margarita Catholic High School

Shadow Release Form

Student's Last Name: _____ First Name: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

In case of emergency contact name: _____

Relationship to Student: _____ Cell Phone: _____

Does the student have any known allergies? _____

By signing this document, I hereby waive and release Santa Margarita Catholic High School and their employees from any and all liability for any injuries and illness incurred while my child is visiting the school. I know of no mental or physical problem which may affect my son/daughter's ability to participate in the shadow program.

Parent/Guardian Signature: _____ Date: _____