

# O Holy Night

**Sunday, December 21<sup>st</sup>, 2025**

**Join the School Sisters of Christ the King for Christmas caroling!**

Schedule

2:15 Meet at St. Teresa School

Caroling: St. Elizabeth Hospital, Bonacum Retirement Home,  
Tabitha Senior Care Center, Madonna Rehabilitation Hospital

Evening Prayer & Supper with the Sisters at St. Teresa School

6:00 Depart from St. Teresa School

For young women ages 12-35

Please RSVP to Sister Mary Jacinta: [sr.mary-jacinta@cdolinc.net](mailto:sr.mary-jacinta@cdolinc.net)  
or call 402-477-5232



*School Sisters  
of Christ the King*

Be sure to complete the permission form on the back

[www.cksisters.org](http://www.cksisters.org)

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER FOR GIRLS 18 YEARS OLD AND YOUNGER  
*School Sisters of Christ the King + Christmas Caroling + December 21<sup>st</sup>, 2025*

Participant's name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Cell phone \_\_\_\_\_

I grant permission for my child, \_\_\_\_\_, to participate in events which require transportation.

EVENT: Christmas caroling at St. Elizabeth Hospital, Madonna, Tabitha Senior Care Center, and Bonacum House

ESTIMATED TIME OF DEPARTURE AND RETURN: 2:15 p.m. – 6:00 p.m. on December 21<sup>st</sup>, 2025, from St. Teresa School

MODE OF TRANSPORTATION TO AND FROM CAROLING EVENT: Vehicles of the School Sisters of Christ the King and volunteer drivers

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“child”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the School Sisters of Christ the King, its officers, directors, employees and agents, and the Diocese of Lincoln, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lincoln, its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the School Sisters of Christ the King or the Diocese of Lincoln.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Emergency Medical Treatment:*** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release Permission Form**

I hereby agree and give my permission for the School Sisters of Christ the King and/or the Diocese of Lincoln to record or photograph my child’s name and image, in any form (hereinafter collectively referred to as “Works”), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the School Sisters of Christ the King including, without limitation, for posting on the world wide web. By entering into this informed consent and release and granting the permission as stated therein, I also am releasing the School Sisters of Christ the King and the Diocese of Lincoln and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arise out of or related to daughter’s participation in any media events, including, without limitation, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Child’s Name: \_\_\_\_\_ Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_