FIELD TRIP PARTICIPATION FORM PARENT PERMISSION AND RELEASE

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Mary Queen of Apostles School. A brief description of the activity follows:

Name of Event:
Destination:
Supervisor of Activity:
Ratio of Students/Adult Chaperones
Date and Time of Departure:
Method of Transportation:
Date and Anticipated Time of Return:
Student Cost:
Special Conditions:

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby give my permission for medical treatment to be administered to my child in the event of injury incurred at any time during the activity.

In consideration of the agreement of Mary Queen of Apostles School to allow my child to participate in the above described outing, and intending to be legally bound hereby, I agree to indemnify and hold harmless Mary Queen of Apostles School (Name of School/ Parish/ Group), the Roman Catholic Diocese of Greensburg, Most Reverend Edward C. Malesic, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands, and actions at law or equity that may hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned outing, or his or her transit thereto.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward payment of the expenses incurred and will no look to Mary Queen of Apostles School (Name of School/Parish/Group), or the Roman Catholic Diocese of Greensburg or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/WE EXECUTE THIS Hold Harmless and Indemnification Agreement this

_____ day of _____, 20___

_____ _____

Parent/Guardian Signature Parent/Guardian Signature