

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

FIELD TRIP

Participant's name: _____

Grade/Teacher: _____ Sex: _____

Parent/Guardian name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child,

Parent or guardian name

_____ to participate in this school

Child's name

event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from

_____.

Name of school

A brief description of the activity follows:

Type of event: _____

Educational purpose of event: _____

Destination of event: _____

Supervising individual: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

Cost to be paid by the student: _____

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

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend

_____, its officers, Directors, employees and agents, and the Diocese of Des

Name of school

Moines, its Directors, employees and agents, and the Diocese of Des Moines, its employees and agents, chaperons, 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 (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Des Moines, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of any such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____