



St. Augustine

CATHOLIC SCHOOL

A NOTRE DAME ACE ACADEMY

**FIELD TRIP PERMISSION FORM
RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**

Date _____

Dear _____,
(faculty member in charge)

I, _____, am the _____
(name of parent/guardian) (mother, father, guardian)

of _____, a student at St. Augustine School in the _____ grade.

I hereby request permission for the above-named student to attend the class trip to the

_____ on _____ and I consent to my child's participation on this field trip.

The estimated time of departure from the school is _____.

The estimated time of arrival back to the school is _____.

The cost of this field trip per student is \$_____.

I understand that the children will be transported on this field trip by _____.

I fully understand what is involved in the field trip, and I understand that I have the opportunity to contact the teacher with any questions or concerns regarding this field trip.

My child agrees to abide by all the rules of aforementioned activity and to obey the staff in charge of this activity. The Parish, School and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the activity at my expense and without refund of the costs paid for the activity.

I understand that all activities have certain risks, including without limitation potential exposure to COVID-19 and/or other communicable disease, and could result in injury to the above named child and, by extension, family members. In consideration of the child being allowed to participate in the field trip, on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above field trip. To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's participation in the field trip, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish or the Diocese of Cleveland.

By signing below, I acknowledge that I am the parent or legal guardian of the above named minor child, that I have authority to sign this agreement on my minor child's behalf, and I have read, understand and agree to the terms and conditions stated above.

Parent/Guardian signature: _____ Date: _____

Print Name: _____