PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to pate transportation to a location away from the guidance and supervision of emp Parish.	m the school premises.	This activity will take	e place under
Name of Event:			
Destination:			
Designated Supervisor of Activity:			
Date and Time of Departure:			
Method of Transportation:			
Student Cost:			
If you would like your child to partic following statement of consent and re fully responsible for the actions and c	elease of liability. As par		
**************************************	TEMENT OF CONSENT	*******	******
I hereby consent to participation by mevent described above. I understand grounds and that my child will be employee on the stated dates. I furthin this event, including the method of In consideration of my child being a behalf of myself and my child, to release Roman Catholic (Arch)diocese of organizations, their employees, acceptable (collectively "Releasees"), from any a by me or my child, or on behalf of my the field trip. In the event this release unenforceable, I hereby agree to in claims, including negligence, which marising from or relating to my child's participation.	that this event will take punder the supervision her consent to the condit transportation. allowed to participate in ase gents and representation all claims, including not consent to the condition of the cond	olace away from the of the designated ions stated above or this field trip, I here School and/, and any any es, including voluiting to my child's powers Releasees from my child, or on behalted	school/parish school/parish has participation by agree on for Parish, the had all affiliated inteer drivers y be asserted participation in the be invalid or in any and all all of my child,
does not apply to claims for intention or indemnification apply to the extended Release or Indemnification shall a applicable to any claim.	nal misconduct or gross r t of commercial insuranc	negligence; nor doe e coverage for any o	s this release claim, but this
	(Print Parent's Name)		
	(Parent's Signatur	e)	(Date)
Please return this entire form by:	to		
	(Date) (Person)		
Please check your preference belo ☐ Pictures of my child may be take ☐ Pictures may be taken but NOT ☐ Pictures of my child may NOT be	en and posted on social posted online at all	media and/or paris	sh website