

**Diocese of St. Augustine
Parent Permission and Release of Liability
School Field Trip Participation**

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of School: Resurrection Catholic School

Name of Event: _____

Destination: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: bus

Student Cost: None

The above student is eligible to participate in above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from the above school.

If you would like your child to participate in this event, please read, complete, sign and return this form, which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

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Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

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The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the condition stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine Victor B. Galeone, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative Signature)

(Date)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

(Witness Signature)

(Date)