

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Grade _____ **FIELD TRIP**

Participant's Name _____

Birth Date _____ Sex _____

Parent/Guardian Name _____

Home Address: _____

Home Phone: _____ Business Phone: _____

I, _____, grant permission for my
(parent or guardian's name)
child, _____, to participate in this
(child's name)

School/Parish event that requires transportation to a location away from the School/Parish site. This activity will take place under the guidelines and direction of school/parish employees and/or volunteers from Our Lady of Victory School and/or Parish.

A brief description of the activity follows:

Type of event: _____

Destination of event: _____

Date and time of departure and return: _____

Individual in charge: _____

Mode of transportation to and from event: _____

Attire for Field Trip: _____

Permission Slip and Fee due in School Office: _____

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 Our Lady of Victory School and/or Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, 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 school, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/diocese.

Signature of parent/guardian

Date

Parent/Guardian Please Complete

During the field trip, I may be reached at:

Address: _____

Phone #: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____

Address: _____

Phone #: _____

Relationship to Student: _____

Physician's Name and Phone #: _____

Additional Remarks (allergies, etc.):

Parent/Guardian Signature

Date

Would you like to Chaperone this Field Trip? If **yes**, you must be in compliance with the ADW Child Protection Policy prior to the Field Trip date.

YES _____

NO _____