



PARENTAL/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Diocese Salina Parish School

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a -sponsored activity that requires transportation away from the site. This activity will take place under the guidance and supervision of employees from. A brief description of the activity follows:

Curriculum Goal

Destination

Designated Supervisor of Activity

Date and Time of Departure

Date and Anticipated Time of Return

Method of Transportation

Youth Cost

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability.

PARENTAL OR GUARDIAN PERMISSION FORM

Name (of child) has my permission to attend the on in

It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. I also understand that if my child violates any of the Rules of Conduct, a copy of which is attached hereto, I/we will be called to pick up the child. As parent, or legal guardian, I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child.

I/We hereby consent to participation by my/our child, in the event described above. I/We understand that this event will take place away from the and that the child will be under the supervision of the designated diocesan/school/parish employee on the stated dates. I/We further consent to the conditions stated above on the participation in this event, including the method of transportation.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (Name of parish), its officers, directors, employees and agents, and the Diocese of Salina, 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 Salina, it employees and agents and chaperons, or representative 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 such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Address

Address

Emergency Phone #

Emergency Phone #

Please return this entire form by: