

SCHOOL SPONSORED DAY TRIP
PARENTAL REQUEST, AUTHORIZATION, CONSENT AND RELEASE FORM

Your child has requested participation in an adult-supervised trip (the Trip) of students to _____
_____ from _____, 20____, through _____,
20____. Adult supervision for the Trip will be provided by the following Chaperones:

The cost of the Trip will be \$ _____. This includes _____ .
Transportation will be provided by _____.

Prior to participating in this Trip, you, the parent or legal guardian, and your child, **must complete** the following Authorization and Release of Liability, and **return it** to the school no later than _____, **20**_____.

PARENTAL / LEGAL GUARDIAN AUTHORIZATION
AND RELEASE OF LIABILITY

I, the undersigned parent or legal guardian of _____, fully understanding and recognizing the risks associated with travel do hereby authorize and request that my child participate in the Trip.

I further understand and recognize that my child's participation in this Trip is voluntary. The School will be providing or arranging for transportation and supervision. In consideration of these and other things, I release, indemnify and hold harmless the above Chaperones or their agents from any liability for my child's physical injury, including death or illness. I consent to my child's release, indemnity and agree to hold the Chaperones harmless from all claims arising out of or accruing during the Trip. I agree and consent that my child's release, indemnity and hold harmless shall be binding upon me as parent, guardian and/or next friend of my child, and shall be binding upon my child's estate, heirs, personal representatives and assigns. I also agree to defend, indemnify and hold harmless the Chaperones from any claim asserted by my child should my child repudiate his or her release after obtaining adulthood. I understand that the Roman Catholic Church, the Roman Catholic Diocese of Jackson, **St. Patrick School** or any Roman Catholic Church, Parish, and that these entities shall not be liable, in any way, for any injury including death or illness, that may occur during the Trip.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, or if in the reasonable belief of any one of the Chaperones the nature of the emergency is such that requires immediate attention, I hereby give the Chaperones permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve, release and indemnify the Chaperones and/or their agents in acting on my behalf in this regard.

Parent / Legal Guardian

Student

Date

Date

Phone Numbers home / cell / work