

Date _____

Grade _____

**ST. AUGUSTINE MISSION SCHOOL
FIELD TRIP**

Parental/Guardian Consent Form Liability/Waiver

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Student's Name _____

Birthdate _____ **Sex: Male** _____ **Female** _____

Parent/Guardian's Name _____

Home Address _____

Cell Phone _____ **Home Phone** _____

I, _____ grant permission for my child,

Parent/Guardian's Name

_____, to participate in this parish/school

Child's Name

event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from ST. AUGUSTINE MISSION SCHOOL.

This activity is as follows:

Type of event _____

Day/date of event _____

Destination of event _____

Individual in charge _____

Estimated time of departure _____

Estimated date/time of return _____

Mode of transportation to/from event _____

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named participant/minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend ST. AUGUSTINE INDIAN MISSION SCHOOL, it's officers, directors, employees and agents, and the Arch/Diocese of Omaha, 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, injury (including death), or cost of medical treatment in connection, therewith, and I agree to compensate the parish/school, its officers, directors, and agents, and the Arch/Diocese of Omaha, its employees, agents, chaperons, or representative 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 parish/school or the Archdiocese of Omaha.

Signature _____ **Date** _____

Relation to student _____

Print Name _____ **Contact #** _____