



**PARENTAL/LEGAL GUARDIAN PERMISSION SLIP
FOR FIELD TRIP PARTICIPATION**

Diocese _____ 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: _____

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.

(over)

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, its 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 Telephone Number

Emergency Telephone Number

Please return this entire form by: _____