

August 29, 2017

**PARENT/GUARDIAN
CONSENT FORM AND LIABILITY WAIVER
Form for Daytime Trips**

If you would like your child to participate in this event that requires transportation to a location away from the parish, school or archdiocesan office site, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain legally responsible for any personal actions taken by the named minor ("participant").

This activity will take place under the guidance and supervision of employees and/or volunteers from St. Patrick Catholic School. A brief description of the activity follows:

Type of event: Blue Mass, Monday, September 11, 2017

Destination: Immaculate Conception Cathedral, Mobile, AL

Individual in charge: Mrs. Cote

Date and estimated time of departure and return: Monday, September 11, 2017 9:00 AM – 2:00 PM

Mode of transportation to and from event: Bus

Student cost: \$5 for bus

Lunch plans (if applicable): We will eat lunch there. Bring lunch and a drink. Follow directions on the attached sheet.

Chaperone cost: N/A

Students will be in uniform.

If you are interested in chaperoning, please list name(s) here: _____

Participant's name: _____ Birth date: _____

Parent/Guardian name: (please print) _____

Address: _____

Cell Phone: _____ Other Phone: _____

Student Agreement/Code of Conduct:

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the field trip.

Participant's Signature: _____ Date: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Patrick Catholic School, its officers, directors, employees and agents, and the Archdiocese of Mobile, 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 parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that 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/institution/archdiocese.

Signature: _____ Date: _____

Please return this entire form by Thursday, September 7, 2017.