

**FIELD TRIP
PARENTAL/GUARDIAN
CONSENT FORM AND LIABILITY WAIVER**

Dear Parent or Legal Guardian:

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. Dominic Parish. A brief description of the activity follows:

Type of event: Sr. CYO canoe trip
Destination: Escatawpa River (Sunshine Canoes)
Individual in charge: Mrs. Upton
Date and estimated time of departure and return: Sunday, August 22, 2010 from 8:15 a.m. – 2:30 p.m.
Mode of transportation to and from event: bus

Participant's name: _____ Birth date: _____
Parent/Guardian name: (please print) _____
Address: _____
Cell Phone: _____ Other Phone: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Dominic School/Parish, 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: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:
