Diocese of St. Augustine
Parent Permission and Release of Liability
Parish Field Trip Participation

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Parish: _____

Name of Event: _____

Destination: _____

Date and Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: _____

Cost: _____

The above child is eligible to participate in above parish-sponsored event requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of employees/volunteers from the above parish.

If you would like your child to participate in this event, please read, complete, sign and return this form, which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named child during this activity.

Please list any known allergies: _____

_____

Physician's Name: _____ Telephone Number: _____

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The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted child in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the parish grounds and that the child will be under the supervision of a designated parish employee(s)/volunteers on the stated dates.

For and in consideration of the child being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estévez as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, the above-noted parish, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

_____ _____

(Parent / Guardian / Representative Signature) (Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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