

FIELD TRIP PERMISSION AND WAIVER
Peer Minister/Stretch Leader Training Retreat
Peer Minister Ropes Course

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name

Parent/Guardian's Name

Home Address

Home Phone

Business Phone

Cell Phone

I _____ request that my child _____
be included in the field trip and I grant permission for him/her to participate in the activity identified below that requires
transportation to a location away from the school/parish site. A brief description of the activity follows:

Peer Minister/Stretch Leader Training Retreat ***Peer Minister Ropes Course 8:30-12noon***
Type of event

ECHS University of Saint Joseph West Hartford
Destination of event

Parent/Student ***Bus for the Ropes Course***
Mode of transportation to and from event

August 22- 23, 2014
Date(s) of event

8:00am Friday-10:00pm Friday Peer and Stretch ***Peer Min only 10am-2:00pm Saturday***
Start & End Time FRIDAY Start & End SATURDAY

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor
("participant").

I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in
connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in
connection therewith.

I hereby release and discharge East Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the
Archdiocese of Hartford,) its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and
(Rev. Nov, 2012)

OVER

heirs, from any and all liabilities, suits, claims, demands, actions or damages (including attorney's fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of or by East Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford), its/their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

I understand that by signing this form I am releasing East Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs.

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, and for the cost and expense of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip. Further, I hereby release and discharge East Catholic High School, the Hartford Roman Catholic Diocesan Corporation (the Archdiocese of Hartford,) its/ their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

The field trip supervisor should be aware of the following special medical conditions of my child (please check all that apply):

_____ Allergic reactions

_____ Asthma

_____ Diabetes

_____ Medically Prescribed Diet

_____ Physical limitations

_____ Other conditions

_____ Medications that may need to be taken on an emergency or routine basis while my child is at the site

Please describe any conditions, medications or special instructions:

Name of child's regular physician _____ Telephone # () _____

Emergency contact name: _____ Home phone _____

Business phone: _____ Cell phone: _____

Signature: _____ Date: _____