

FIELD TRIP

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and approved chaperones, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend

Print Full Name

Holy Name School, the Roman Catholic Bishop of Fall River, Corp

Parish/School

Sole, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Emergency Medical Treatment: In the event of an emergency and I am unable to communicate, I hereby give permission for transportation to a hospital for emergency medical treatment. In the event of treatment beyond emergency medical treatment is required, please contact:

Name & Relationship: _____ Phone _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Print name Date

Signature: _____