

FIELD TRIP INFORMATION AND RELEASE FORM

Youth Permission and Travel Form for ST. MARK CATHOLIC SCHOOL

Youth's Name ("Student") Date of Birth: _____ Gender: M or F

Home Address City State Zip

Home Phone Mobile Phone

Parent E-mail Address Current Grade in School

PERMISSION TO TRAVEL

A brief description of the activity follows:

Description of event ("Event"): _____

Date of event: _____ Destination of event: _____

Estimated time of departure and return: Depart- _____ Return- _____

Mode of transportation to and from event: _____

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

In consideration for allowing Student to participate in this activity, I / We, the parent(s)/guardian(s)/conservator(s) of Student grant permission for Student to travel to and participate in the Event described above. **I/we assume all risks and hazards incidental to Student's participation in the Event, including transportation to and from the Event. In consideration for allowing Student to participate in the event listed above, and on behalf of myself/ourselves, Student, and Student's parents, legal guardians, siblings, heirs, assigns, and personal representatives, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend School/Parish, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to Student's participation in the field trip, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES (to the maximum extent allowed by law).** In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I/We do hereby authorize School/Parish, its youth ministry leaders, employees, contractors, and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific Event dates listed above. **In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend School, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to such treatment, treatment decisions, diagnosis, or hospital care relating to Student, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.**

Name of Parent or Guardian

Phone Number

Address

Mobile or Add'l Phone Number

Name of Additional Emergency Contact

Phone Number

Signature of Parent/Guardian

Date Signed