



PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of teachers of IHM School.

Destination: EPIC Campus with 6-8th Grade Language Classes

Designated Supervisor of Activity: Mrs. Rojas, Mrs. Meiller, Mrs. Linsenmeyer

Date and Time of Departure: Tuesday, October 29th 8:15-10:45

Method of Transportation: Bus

Student Cost: \$ 3.00 for bus
Fee will be charged to your FACTS account
for November, 2019. **Please do not send cash or check!**

Thank you to the IHM Home & School Association for sponsoring half of the cost of the bus!

Educational Purpose: Covers academic standards in areas of World Languages.

Please complete, sign, and return the emergency information and statement of consent and release of liability **on the back of this page**. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

*Please note that you must now read and sign the Diocese of Madison "PARENTAL CONSENT AND WAIVER OF LIABILITY AND INDEMNIFICATION " on the next sheet. This form **MUST BE SIGNED** by both parents, when available, and returned to school in order for the student to participate in the field trip. There can be no consent given over the phone, or in any other manner other than the return of this signed form.*

PLEASE KEEP THIS SHEET FOR YOUR RECORDS, AND RETURN PERMISSION SLIP TO YOUR CHILD'S
TEACHER BY: Friday, October 25th.

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Event: EPIC Campus with 6-8th Grade Language Classes
Date of Event: Tuesday, October 29th 8:15-10:45
Cost: \$ 3.00

PARENTAL CONSENT AND WAIVER OF LIABILITY AND INDEMNIFICATION

I, the undersigned parent(s)/legal guardian(s), represent that I am the parent and/or legal guardian of _____ (please fill in child's name)(hereinafter “Student”) and hereby consent to Student’s participation in EPIC Campus Field Trip and related events and activities (hereinafter “Activity”). Further, in consideration of the Student being allowed to participate in the Activity and in consideration of the fact that the Student may be furnished transportation from time to time, either by the School or in a privately-owned vehicle, the undersigned(s):

1. Acknowledges and fully understands that there is a risk of serious injury associated with vehicular travel by Student and also with the Student’s participation in the Activity, including permanent disability and death, and severe social and economic losses which might result not only from the Student’s own actions, inactions or negligence, but the actions, inactions or negligence of others, including Immaculate Heart of Mary Parish and Immaculate Heart of Mary School. Further, I acknowledge and agree that there are numerous risks associated with vehicular travel or participation and engagement in the Activity not known to me and not reasonably foreseeable at this time which may arise including, but not limited to, risks of falling, impact with other persons or objects and equipment failure or malfunction. I further recognize that all such risks cannot be described as part of this document. Accordingly, if I believe I need more information regarding the Activity before waiving liability and agreeing to indemnify the School and Parish as described below, I agree that I will seek additional information or refuse to allow Student to participate in the Activity.

2. Assumes all of the foregoing risks associated with Student’s vehicular travel and participation and engagement in the Activity and accept personal responsibility for all damages following such injury, permanent disability, death or other risk not reasonably foreseeable.

3. Intending to legally bind myself, my representatives, successors and assigns, I hereby release Parish and its board of directors, trustees, officers, employees and agents (collectively the “Releasees”) from liability, and waive all claims and demands of every nature or kind, including claims of negligence on the part of the Releasees, on account of injury to or death of the Student or damage to or loss of the Student’s property, arising or resulting from the Student’s participation in the Activity. I understand that by waiving rights against the Releasees as described above, I am giving up the right to seek all legal remedies which might otherwise be available to me including, but not limited to, monetary damages, damages for emotional suffering, damages for loss of companionship, medical or other expenses, and attorney’s fees.

Intending to legally bind myself, my representatives, successors and assigns and in exchange for the Student being allowed to participate in the Activity, I agree to indemnify and hold harmless the Releasees against all losses, damages, monetary awards and expenses, including attorney’s fees, incurred in connection with any and all claims, including claims of negligence on the part of the Releasees brought by me or the Student, his/her representatives, successors or assigns against the Releasees on account of injury to or death of the Student or damage to or loss of the Student’s property, arising or resulting from the Student’s participation in the Activity from time to time and from place to place. I understand that by agreeing to indemnify the Releasees, I am agreeing to pay for all monetary damages awarded against and costs incurred by the Releasees in the event that I or the Student, his/her representatives, successors or assigns were to pursue claim(s) against the Releasees.

I CERTIFY THAT I GIVE PERMISSION TO THE STUDENT TO PARTICIPATE IN THE ACTIVITY STATED ABOVE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER OF LIABILITY AND INDEMNIFICATION, THAT I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL OBLIGATIONS BY SIGNING IT, AND THAT I SIGN IT FREELY AND VOLUNTARILY. If no second parent or guardian, please specify.

Student's Name: _____ Grade: _____

Dated: _____
(Signature(s) of Parent(s) or Legal Guardian(s))

Dated: _____
(Signature(s) of Parent(s) or Legal Guardian(s))

IN CASE OF AN EMERGENCY, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Emergency Name and Phone Number 1. _____ 2. _____

Name of child’s doctor _____ Hospital Preference _____