

St. Francis Catholic High School, Inc.
4100 NW 115th Terrace
Gainesville, FL 32606
(352) 376-6545

Parent Permission and Release of Liability Field Trip Participation

Name of Student: _____ Name of Parent/Legal Guardian: _____

Destination: _____ Designated Supervisor of Activity: _____

Educational Objectives: _____

Date and Time of Departure: ___/___/___ ___: _____ Anticipated Time of Return: ___:_____

Student Cost: \$ _____

Method of Transportation: _____ Please return signed form by: ___/___/___

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

If you would like your student 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 the parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student 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 school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the student and the student's parents, personal representative, assigns, heirs and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of the Diocese of St. Augustine, a sole corporation, St. Francis Catholic High School, Inc. 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 student, or death, while the student 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 student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

Dated this ___ day of _____, 20__.

Parent/Guardian/Representative Signature

Witness

Phone Number where I may be reached on the date of field trip

Witness

In the event of an emergency and a parent or Legal Guardian cannot be reached, the following individual(s) should be contacted:

Name and relationship: _____ Phone No.: _____

PLEASE NOTE: MY STUDENT HAS SPECIAL MEDICAL NEEDS: _____

"All information provided by the family for this student will be protected by school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared only with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."

-----*Detach Here*-----

Please fill out the following information only if you are driving.

Driver/Parent: _____

Car Make and Model: _____ Color: _____

Tag No.: _____ Cell Phone No.: _____