FIELD TRIP PERMISSION FORM
RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY

Date: April 26, 2017

Dear Mrs. Krese & Señora Bergenstein ,

I, _____, am the _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)
of _____, a student at St. Mary School, Elyria in the 8th Grade.
(Name of Student)

I hereby grant permission for the above-named child to attend a tour of La Plaza Supermarket, 13609 Lakewood Heights Blvd., Cleveland, OH on Thursday, May 18, 2017 from 11:00 A.M. to 2:00 P.M. and I consent to the child's participation in such a field trip.

I understand that the child will be transported to the place of the field trip by private cars/vans.
I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge the Diocese of Cleveland, St. Mary School, St. Mary Parish, and the employees volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, St. Mary School, St. Mary Parish and the employees/volunteers of the aforesaid school, parish,
Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

_____
(Parent/Guardian Signature)

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

FIELD TRIP: Grade 8 – Tour of
La Plaza Supermarket, 13609 Lakewood Heights Blvd., Cleveland

DATE & TIME: Thursday, May 18, 2017 11:00 A.M.-2:00 P.M.

SPECIAL NOTES:

- Return permission slip by **Wednesday, May 10.**
- Students will need to bring money (approximately $10) with them the day of the field trip if they wish to purchase items at the market.
- Drivers needed

_____ Yes, I can drive & have _____ seat belts for the students.
Note: If you plan on driving, please make sure you have completed the Driver's Verification Form and that it is on file in the school office, along with a photocopy of your valid driver's license and CURRENT insurance card. Drivers will still need to show their driver's license to the classroom teacher ON THE DAY OF THE FIELD TRIP.
_____ No, I cannot drive this time.

Parent's Signature: _____