



St. Bernard School - Enfield, Connecticut

Where Faith and Knowledge Meet

232 Pearl St. Enfield, CT 06082 Phone: (860) 745-5275

**Field Trip Permission and Waiver
Parental/Guardian Consent Form and Liability Waiver
*This trip is not sponsored by the archdiocese of Hartford**

I _____ give my child _____
Permission to participate in the above mentioned trip. As a parent and/or legal guardian I remain responsible for any actions taken by the above named minor. I agree to be responsible for any damages or costs incurred by or on behalf of my child of any nature arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

I hereby release and discharge St. Bernard School, the Archdiocese of Hartford, their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability, suits, claims demands, actions or damages (including attorney fees) incurred by me or by my child or are in any way related to or arising out of participation in the above event, including, without limitation, all claims for property, damage, personal injuries or wrongful death, including any claims which allege negligent acts or omissions of or by St. Bernard School, the Archdiocese of Hartford, their officers, directors, agents, employees, chaperones, volunteers, successors assigns and heirs.

I understand that by signing this form I am releasing St. Bernard School, the Archdiocese of Hartford, their officers, directors, agents, employees, chaperones, volunteers, successors, assigns and heirs, from any and all claims, including claims which allege negligence by St Bernard, the Archdiocese of Hartford, their officers, directors, agents employees, chaperones, volunteers, successors, assigns and heirs. Should I choose not to sign this form, I recognize that my child will not be able to participate in the above event. If the event takes place on a school day, my child instead will attend St. Bernard School and will participate in the school program of that day.

Signature _____

Date: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child and for the cost and expenses of any medical treatment should such become necessary while my child is participating in the field trip.

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse and/or hospital or other health care facility while my child is participating in the field trip. Further I hereby release and discharge St. Bernard School, the Archdiocese of Hartford, their officers, directors, agents employees, chaperones, volunteers, successors, assigns and heirs, from any and all liability arising out of such medical treatment.

Signature Date: _____

Date _____

**FIELD TRIP PERMISSION AND WAIVER
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____

Business Phone _____

I, _____, grant

Permission for my child, _____
Child's Name

To participate in the activity identified below that requires transportation to a location away from the school/parish site.

A brief description of the activity follows:

Destination of event _____

Mode of Transportation _____

Date(s) of event _____

Estimated time of departure and return _____

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor ("participant").