

Field Trip Release and Agreement

Description of Field Trip: _____

I, the undersigned, an applicant for the field trip described above, do waive and release _____, Diocese of ABC, and all of their corporate members, employees, officers, directors, and agents (AChurch@) from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Church and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume such risk. I hereby waive and release Church for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions outside Church=s control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Church full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Church at its discretion, to place me at my own (or my parents= or my guardians=) expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Church and any travel company. I agree that Church has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Church has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Church from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Church to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Church deems incompatible with the interest, harmony, comfort, and welfare of other students.

I acknowledge that Church is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Church.

All reference in this release to Church shall include all of its corporate members, officers, directors, staff members, campus directors, chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the Aparent@ of the applicant includes the legal guardian or other adult responsible for the applicant/participant.

I have read the terms and conditions set forth by Church and I agree that this constitutes a part of any agreement with Church. I understand and agree to all of Church=s terms as set forth in the descriptive information and in this Release.

Signature of applicant: _____ Date: _____

Name: _____
Please Print

I certify that I am the parent or legal guardian of the above-signed applicant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of the Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Church as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the applicant, including without limitations any claims arising as a result of the applicant=s leaving the supervision of Church.

Signature of Parent/Guardian: _____ Date: _____

Name: _____ Emergency Contact Telephone No.: _____
Please Print