



South Boston Catholic Academy

FIELD TRIP CONSENT FORM

I give my child, _____, permission to participate in any school field trips

These field trips may include locations such as local parks, zoos, libraries, theaters, colleges, farms etc.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Medical Authorization, Indemnification and Waiver of Liability

In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

a.) Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law;

b.) Agree to defend, indemnify, and hold harmless the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event; and

c.) Waive and release forever the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Further, I affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may otherwise be available regarding any losses sustained as a result of participating. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Signature: _____ Date: _____

Printed Name: _____

Name of Minor, if applicable: _____ Age of Minor: _____

Emergency Contact Telephone No.: _____

Insurance Carrier Name and Policy No.: _____