

**ST. IGNATIUS SUMMER SPORTS CAMPS FIELD TRIP FORM**

Student's Name: \_\_\_\_\_

**Activity: CROSS COUNTRY CAMPS. DAILY BUS TRIP TO & FROM DIFFERENT RUNNING VENUES. 2009**  
*(Revised Mar 1, 2009)*

**WHAT:** Each day of Cross Country Camp, the runners will board the SI school bus at the beginning of camp and travel to a different running venue. The schedule is as follows: Monday: Golden Gate Park - Polo Fields; Tuesday: Golden Gate Park - Stow Lake; Wednesday - Land's End; Thursday: Crissy Field and Friday: Golden Gate Park: Lindley Meadows. The bus will also return the campers to the SI campus by 3 p.m.

**WHEN:** 1 - 3 p.m. Cross Country Camp 1 (June 22-26) and Cross Country Camp 2 (July 6 - 10). **First day:** Meet in the bleachers on the football field. **Subsequent days:** Meet at 39th Avenue behind the west bleachers each day.

**BRING:** Sunscreen, sweatshirt, energy bar and/or snack, and water.

**PROCTORS:** Students will be accompanied by SI Cross Country Coaches.

**COST:** Cost of bus is covered by SI Summer Programs.

**PLEASE RETURN THIS SIGNED FORM TO YOUR COACH ON THE FIRST DAY OF CAMP.  
THANK YOU.**

Parent's Name(s): \_\_\_\_\_

I give St. Ignatius College Preparatory permission to transport my son/daughter to venues away from campus and I give my son/daughter permission to travel to those venues.

I agree to direct my son/daughter to cooperate and conform with the directions and instructions of the school personnel responsible for the activity.

I am not aware of any medical condition of my son/daughter which would render it inappropriate for him/her to participate in the above described activity.

I hereby give permission to the physician, health care provider selected by St. Ignatius teacher/chaperone present to render medical treatment deemed necessary and appropriate by the physician.

**Release, Assumption of the Risk Indemnity:**

As consideration for my student/ward being permitted to attend the preceding St. Ignatius-sponsored excursion/activity described above, I agree to release and hold harmless from any legal liability and agree not to sue the Ignatian Corporation and St. Ignatius College Preparatory, its employees, agents, representatives, and volunteers from any injuries, physical or psychological, death, or personal property damage resulting from participation by my student/ward in this St. Ignatius-sponsored activity.

I agree to assume all risks to my student/ward connected with the above-described excursion/activity.

I hereby agree to indemnify the Ignatian Corporation and St. Ignatius College Preparatory, its employees, agents, representatives, and volunteers from any and all liability, loss or damage St. Ignatius may suffer as a result of claims, demands, costs, or judgments against the Ignatian Corporation or St. Ignatius whether or not asserted on behalf of my student/ward, whether the liability, loss or damage is caused by or arises out of, the negligence of St. Ignatius Preparatory, its employees, agents, representatives, and volunteers.

I hereby agree that this release and waiver of liability and assumption of risk extends to all acts by St. Ignatius Preparatory, its employees, agents, representatives, and volunteers, even if these acts are negligent.

I have read the release and waiver of liability and assumption of the risk and fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and voluntarily. And I intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Other Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**THE INFORMATION BELOW MUST BE COMPLETED.**  
**THANK YOU.**

**Student Emergency Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Special health conditions of student (allergies, necessary medications) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person(s) (other than parent) to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_