

**ACADEMIC FIELD TRIP FORM**  
**St Anthony Foundation Service Plunge and Sophomore Retreat**

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

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

- 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 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. *This includes transportation to and from the activity.*
- I agree to assume all risks to my student/ward connected with the above-described excursion/activity. I hereby agree to indemnify 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 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.

In addition, The Undersigned authorizes any retreat director to consent, in the case of any accident or illness, to any treatment of the above young person by a licensed medical physician and/or surgeon and/or dentist, or any hospitalization necessary, and/or to provide first aid---all in the case of an emergency when the parents or stepparents or legal guardian are not readily available. The undersigned further agrees to pay any and all costs associated with treatment not covered by our insurance.

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

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

Student Emergency Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

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

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Address \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

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



## Parent/Guardian Consent & Release of Liability Form for Youth Volunteers

I \_\_\_\_\_ (name of minor volunteer) acknowledge that I am a participant in St. Anthony Foundation's volunteer program. I desire to participate in volunteer "activity" offered by St. Anthony Foundation, and do so by my own free will.

I recognize that there may be risks or hazards directly or inherently involved in This Activity. With full knowledge of the facts and circumstances surrounding this Activity, I voluntarily undertake this Activity and assume all responsibility and risk arising from my participation in this Activity.

I recognize that should I incur a physical injury as a result of my participation in this Activity, my health insurance coverage will be the first resort for covering any costs related to this injury. If I do not have health insurance coverage, I understand that St. Anthony Foundation carries an accident insurance policy for volunteers that may cover all or some of the costs related to this injury. I further acknowledge that my participation in this Activity is NOT covered by worker's compensation, and that in the event of an injury I will not be eligible to file a worker's compensation claim.

I assure St. Anthony Foundation that I have no health related reasons or problems, including but not limited to emotional sensitivities, that would preclude or restrict my participation in this Activity or that could be aggravated by my participation in this Activity.

THEREFORE, I release St. Anthony Foundation, it's trustees, directors, employees, and agents, from any liability arising out of my participation in this Activity, including, but not limited to any damage to my property or to the property of others and injury to me or to others, resulting from my negligence or the negligence of others, arising out of or caused by my participation in this Activity.

The release and waiver is submitted in consideration of St. Anthony Foundation, allowing my voluntary participation in this Activity. I have read this document in its entirety and I am executing it willfully, with full knowledge of its contents, and with an understanding of its consequences.

I, the parent/Legal Guardian of the PARTICIPANT, affirm that:

1. I have read and do presently understand the meaning, nature and consequences of consenting to the terms and conditions of this Release and Waiver of Liability ("Release"), which consists of two (2) pages inclusive of this page;
2. I sign this Release in full recognition and appreciation of the risks of the above indicated Activity;
3. I am fully competent to sign this Release;
4. I agree to the terms and conditions contained in this Release, and
5. Therefore, I execute this Release for full, adequate, and complete consideration, fully intending for myself, the PARTICIPANT, and for PARTICIPANT'S family, estate, heirs, administrators, personal representatives, or assigns to be bound by the terms of this Release.

### **THIS IS A RELEASE OF LEGAL RIGHTS, READ BOTH PAGES BEFORE SIGNING**

I hereby represent that I have carefully read and understand the contents of this document and sign by the same by my own free will on the date indicated below.

**(Minor) PARTICIPANT:**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature and Date)

**PARENT OR LEGAL GUARDIAN**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Emergency Contact/Phone #)

\_\_\_\_\_  
(Signature and Date)

\_\_\_\_\_  
(Email)