

Diocese of Owensboro Catholic Schools

20__-20__ Permission Form: Trips for School Activities of One School Day or Less

Dear Parent or Legal Guardian:

Your son(s)/daughter(s) is/are invited to participate in school-sponsored activities throughout the year that will require transportation to a location away from school grounds. These activities will always be under the guidance and supervision of school employees. If a bus is required there will always be a certified driver. Each time that a trip is planned, you will receive written notification at least three school days before the planned trip informing you of the following: Destination, Planned Activities, Supervisor of the Event, Date and Time for departure and return to school, and Cost (if any).

We are requesting that parents/guardians sign this permission form to allow their son(s)/daughter(s) to participate in all trips for school-related activities of one school day or less during the 20__-20__ school year. However, if you prefer to extend written permission for each individual trip, please indicate that preference.

Liability Release I/We, the parent(s) and/or legal guardian(s) of the below named son(s)/daughter(s), hereby request permission for my son(s)/daughter(s) to participate in any and all of the activities of the Diocese of Owensboro Catholic Schools. I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones from any and all liability of any kind or nature whatsoever. In case of injury to my/our son(s)/daughter(s), I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our son(s)/daughter(s) to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Please check the appropriate box:

I give permission for my son(s)/daughter(s) to participate in ALL trips for school-related activities of one school day or less during the school year listed above.

I request notification at least three school days in advance of each trip for a school-related activity to provide permission for participation by my son(s)/daughter(s) and I understand that my son(s)/daughter(s) will not be permitted to participate unless the school receives my written permission.

X _____
Parent/Guardian Signature

Date (MM/DD/YYYY) ____/____/____

Student(s) Name(s): _____

Grade and/or Homeroom: _____

Student(s) Name(s): _____

Grade and/or Homeroom: _____

Student(s) Name(s): _____

Grade and/or Homeroom: _____

Student(s) Name(s): _____

Grade and/or Homeroom: _____

Student(s) Name(s): _____

Grade and/or Homeroom: _____

Added August 2010