



Diocese of Palm Beach
Field Trip Consent and Release

2018-2019

Entity: Remember to keep Field Trip Consent and Release Forms on file for 4 years.

EVENT: Interscholastic Sports Activities	
DESTINATION: on your schedule	
DATE(S): on your schedule	
NAME OF PARTICIPANT:	CELL PHONE:

PARENT/GUARDIAN:	PHONE NUMBER:	
PARENT/GUARDIAN ADDRESS:		
CITY:	STATE:	ZIP:

EMERGENCY CONTACT INFORMATION		
NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

SPECIAL NEEDS INCLUDING FOOD ALLERGIES:
If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold _____ (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor 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 Sponsor 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 and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor'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 Sponsor 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 specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor 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 Sponsor and any travel company and I agree that Sponsor 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, Sponsor 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 Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor 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 Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:

ST. ANASTASIA CATHOLIC SCHOOL

PARENTAL CONSENT AND RELEASE OF LIABILITY FORM

I, _____, the parent/legal guardian of _____, a student at _____ ("School") for myself and the above-named student, our legal representatives, next of kin and assigns (hereinafter jointly referred as "Student") request that Student be permitted to participate in a school-recognized sports program ("Program"). I understand that as a condition of participating in the Program, Student must have a physical examination by a doctor clearing the student for physical activity. By signing this Consent and Release, I hereby:

1. **Certify that Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to the school signed by the doctor which clears Student to participate in said Program prior to him/her engaging in any activity;**
2. **In the alternative, I agree to allow my son/daughter to be examined at School by a person or persons arranged by School. I hereby acknowledge that the person or persons arranged by School are independent contractors who are not employed, controlled or operating for the benefit of School. School is acting to facilitate the examination for the benefit of Student and with Student's consent and release;**
3. **Release, discharge, indemnify and covenant not to sue School, the Diocese of Palm Beach and their employees, agents and volunteers ("Releasees") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such program or the medical examination;**
4. **Indemnify and hold harmless Releasees and each of them from any loss, liability, damage, claim or cost they may incur incident to Student's participation in the above, whether caused in whole or part by the negligence of Releasees or otherwise;**

I further represent that Student is covered by accident and health insurance apart from any coverage provided by School which is primary to any other coverage, and I agree to maintain coverage in full force and effect while Student participates in the Program.

I further agree that School, its agents and/or employees have the right to terminate the participation of the above Student for reasonable cause, as determined within the discretion of the Program.

I acknowledge that the Program is inherently dangerous and may result in injury to Student regardless of the supervision and controls implemented by the Program. I agree that Student may participate in the Program regardless of its inherently dangerous nature.

Parent/Guardian Signature: _____ Date: _____

Address: _____

Phone: _____



**DIOCESE OF PALM BEACH
SPORTS CONSENT AND RELEASE FROM LIABILITY**

Student: _____ School: _____

Sports in which the student plans to participate: _____

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we am aware of the potential danger of concussions and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
- C. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the school against which it competes, the contest officials and coaches, and the Diocese of Palm Beach including all of its affiliated entities and agents of any and all legal responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and coaches and the Diocese of Palm Beach because of any claim, costs, or cause of action arising in any way from the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sports activity until this document is on file with the principal.

Parent/Guardian

Parent/Guardian

Date

Note: This document must be completed and endorsed by the student's parent or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal.