

Conn-Area Catholic School
(FIELD TRIP PARTICIPATION FORM PARENT PERMISSION AND RELEASE)

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees of Conn-Area Catholic School. A brief description of the activity follows:

Name of Event: Mass- To cover all Masses for 2024-2025

Destination: Immaculate Conception Church, Crawford Avenue, Connellsville, PA

Designated Supervisor of Activity: All Homeroom Teachers

Date and Time of Departure: Dates and possible rescheduled dates as per schedule

Date and Anticipated Time of Return: 11:30 AM

Method of Transportation: Bus

Student Cost: None

Other: Formal Attire

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation by my child(ren), _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated date. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of the agreement of Conn-Area Catholic School to allow my child to participate in the above described outing, and intending to be legally bound hereby, I agree to indemnify and hold harmless Conn-Area Catholic School, the Roman Catholic Diocese of Greensburg, Most Reverend Larry J. Kulick, Bishop of the Diocese of Greensburg, their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned outing, or his or her transit thereto.

I/We agree that in case of injury to my/our child, I will apply our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Conn-Area Catholic School or the Roman Catholic Diocese of Greensburg or any of their officers, employees, agents, successors or assigns for the payment of any medical costs or injury related costs.

IN WITNESS WHEREOF, I/We execute this Hold Harmless and Indemnification Agreement

This _____ day of _____, 202_____.

Parent/Guardian Signature

Parent/Guardian Signature

*** PLEASE RETURN FORM BY AUGUST 28th ***