FIELD TRIP PARENT REQUEST & ACTIVITY WAIVER AND RELEASE FORM

ACTIVITY: _______________________________

DATE AND PLACE: ________________________

TRANSPORTATION WILL BE PROVIDED BY: ____________________________________________

DEPARTURE TIME & DATE: _______________________ RETURN TIME & DATE____________________

I, as a parent or legal guardian, wish for my child ____________________________________________ to participate in the activity described above, and as a condition of my child being allowed to do so, I hereby release and discharge the Roman Catholic Church Diocese of Tucson and Parish Corporations, its constituent organizations, including but not limited to _____________________________________________________, the Roman Catholic Church Diocese of Tucson, and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that my child may suffer as a result of my child’s participation in the activity described above including transportation to and from such activity, whether or not such injuries or damage are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that my child is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and I know of no change in my child’s medical condition since receiving such advice that would affect the opinion of said medical doctor. Should there be a Medical Emergency involving my child, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or child’s other parent(s) or legal guardian(s).

I agree that my child will abide by the rules and regulations governing the above described activity and that my child will obey any instructions given by the person or persons having supervision and control over the activity.

I hereby grant permission for my child to be transported by provider listed above.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child’s participation therein and the publication or other use thereof. I and I on behalf of my child, hereby waive any right to compensation therefore or any right that I or my child might otherwise have to limit or control such making or use.

I warrant and represent that I am the parent or legal guardian of the participating child and upon request will produce satisfactory proof of such fact.

By my signature below, I attest that I have read and fully understand this Field Trip Parent Request & Activity Waiver and Release document and agree to all its terms:

Signature of Parent or Legal Guardian ____________________________________________________

Print Name of Parent or Legal Guardian __________________________________________________

Date Signed _______________

Street Address __________________________ City _________________ State____ Zip Code__________

Telephone _________________________ e-mail ____________________________________________

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