RELEASE / REQUEST FORM – STANDARD ACTIVITY

We request that our child _____ be allowed to go on the field trip to _____ with _____ _____ (hereafter the "Organization") presently scheduled to depart on _____ and to return on _____ because we believe this trip will benefit our child both educationally and spiritually.

We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

We also understand that it may not be financially feasible for the Organization to provide transportation for all those who are going on this field trip. Therefore, we understand that some participants may be traveling by bus or by privately owned vehicles which may or may not be covered by insurance. With this knowledge, we hereby consent to our child traveling to, from, and during this trip in either of these manners.

We further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree jointly and severally to indemnify them for any such damages.

Emergency Contact / Medical Information (Please Print)

Father/Guardian _____ Daytime phone (_____)_____

Mother/Guardian _____ Daytime phone (_____)_____

Address _____ Home Phone (_____)_____

Other Contact Person _____ Phone (_____)_____

Medical Insurance Company _____

Company Address _____ Policy Number _____

Medical Conditions/Allergies _____

_____

We hereby also give our consent for our child to receive emergency medical care during this trip. We hereby also give our consent for photographs of our child to be taken and released.

Signature of father/guardian _____ Date _____

Signature of mother/guardian _____ Date _____