Diocese of Palm Beach

Field Trip Consent and Release

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

EVENT:	
DESTINATION:	
DATE(S):	
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:

Diocese of Palm Beach

AUTHORIZATION FOR MEDICATION FORM

Field Trip

Student Name:	**Date:**

It is necessary that medication be given as follows:

Prescription Medication (Brand Name and name as it appears on container if different)	**Dosage** (Amount to be given)	**Form of Medication**	**Prescription No.**
		❒ Tablet ❒ Capsule ❒ Liquid ❒ Pill ❒ Inhalant ❒ Other: ❒ Color (if applicable):	
Dispensing Instructions (how often / what time):			

Prescription Medication (Brand Name and name as it appears on container if different)	**Dosage** (Amount to be given)	**Form of Medication**	**Prescription No.**

		❒ Tablet ❒ Capsule ❒ Liquid ❒ Pill ❒ Inhalant ❒ Other: ❒ Color (if applicable):	
Dispensing Instructions (how often / what time):			

Prescription Medication (Brand Name and name as it appears on container if different)	**Dosage** (Amount to be given)	**Form of Medication**	**Prescription No.**
		❒ Tablet ❒ Capsule ❒ Liquid ❒ Pill ❒ Inhalant ❒ Other: ❒ Color (if applicable):	
Dispensing Instructions (how often / what time):			

No injection will be given, except in an extreme emergency, such as allergy to bee sting or the like.

The parent knows of this request and is in full agreement that the medication(s) will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication(s), please contact the parent or my office.

Symptoms:

Known Allergies:

Physician's Signature:
Print Physician's Name:
Physician's Phone Number:

Parent's Signature:
Print Parent's Name:
Parent Phone Number: