

**FIELD TRIP PERMISSION FORM –
RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY
SkyZone Boston Heights Field Trip**

Dear Mrs. Friess:

I, _____, am the _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)
of _____, a student at Immaculate Heart of Mary School
(Name of Student)
in Grade _____.

I hereby grant permission for the above-named child to attend a field trip to the SkyZone Boston Heights on October 25, 2018 from 9:00 a.m. until 12:00 p.m., and I consent to the child's participation in this field trip. I understand that the child will be transported to the place of the field trip by Cuyahoga Falls Bussing.

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in this field trip, on behalf of the child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with this project. I further specifically waive, release and discharge the Diocese of Cleveland, Immaculate Heart of Mary School, Immaculate Heart of Mary Church, and the employees and volunteers of the aforesaid school, parish, and/or Diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in this field trip including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Immaculate Heart of Mary School, Immaculate Heart of Mary Church, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in this field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in this field trip and I understand that I have the opportunity to contact Mrs. Friess and ask her about this field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

(Parent/Guardian Signature)

(Date)

**** If you would be willing to chaperone, please return this with your name and phone number (text or call). Thank you for your help!!**

Name: _____

Phone Number: _____