



PARENTS PERMISSION AND INDEMNITY

We the undersigned, being the parents of _____, who is _____ years of age, and a student at _____ Catholic School (hereinafter the **School**) hereby give our consent for him/her to attend any field trips, sporting events, or other activities sponsored by the School, scheduled to take place during the school year 20____ - 20____, at locations other than the School campus itself. We consent to and authorize our child being transported to and from each activity in (a) private vehicle driven by a parent, teacher, or other adult approved by the School or (b) in a commercial bus or other public conveyance arranged for by the School.

In the event of injury during the activity, including transportation to and from the activity, we hereby give our consent for any emergency medical care (including surgery) deemed medically necessary for the care of our child by a duly licensed physician. This emergency medical care may be given under whatever conditions may exist, to preserve the life, limb, or well-being of our child.

We have adequate medical and hospital insurance in case of injury to our child while being transported to and from or while participating in the off-campus activity. The name of our medical/hospital insurance company is _____

Contract # _____

Telephone # _____

Further, in consideration of the owner or driver of the private vehicle transporting our child to or from the activity, and in consideration of the School undertaking to provide for said activity for the benefit of the students, including our child, we hereby agree to forever indemnify, hold-harmless and defend the owner and driver, _____ Catholic Parish, _____, its member, officers, and directors; and, _____ Catholic School, and its principal, teachers, employees, and agents from any and all claims, demands, actions and causes of action, arising out of or pertaining to any bodily injury or death sustained by our child in an accident occurring during the course of the activity authorized by the School including transportation to and from the activity, and including any emergency medical or surgical treatment for our child, whether or not said claim demand, action or suit is based on, or alleged to be based on, in whole or in part, the negligence, or other similar conduct of the owner and/or driver of said private vehicle. This indemnity applies, in all events, to the extent that any such injury, damage, illness, or death to our child is not covered by applicable and enforceable liability insurance available to us as parents. We assume all risks and hazards incidental to or attendant with our child's participation in said activity, and in each phase of it.

Witness our hands and seals, this the ____ day of _____ 20____

WITNESSES: (can be neighbors, relatives, etc.)

Witness Signature

Parent Signature

[Address]

Witness Signature

Parent Signature

[Address]