



## Parental Permission for Off-site Trips and Events

To be used for all off-site trips and activities of increased risk.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION**

#### **DO NOT FILL THIS SECTION OUT UNLESS THERE ARE CHANGES**

We will use the emergency contact information that was submitted in FACT-SIS during the on-line enrollment process. If you need to make changes to that information, please provide it in the spaces below. We will make the update in FACT-SIS.

Parent/Guardian Name: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

### **ACTIVITY INFORMATION**

**Activity:** Jubilee Cup Trip, St. Mary's, Kansas

**Dates:** November 3rd - 5th

**Departure Time:** Around 12:45 pm, November 3, 2022

**Return Time:** Around 7 pm, November 5, 2022

#### **Details of the Activity:**

A full day of events and competitions for the 9th-12th grade boys. There will also be a basketball game for the Knights basketball players. The cost is \$25 a boy and each boy will need to bring money for 2 meals. The boys will also need to bring changes of clothes (including their school and P.E. uniform), toiletries, towels, sleeping bags, and pillows. If on the basketball team, the boys will also need to bring their basketball uniform.

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to your child's participation. We have provided you the details of the activity and request that you complete and sign the permission form. The safety of your Child is our primary concern. Precautions will be taken for his/her wellbeing and protection.

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**PERMISSION TO PARTICIPATE - PERMISSION TO TRANSPORT**

I/We give permission for my/our Child to participate in this school-sponsored trip away from the school premises and consent to allow any of the priests of the Society of Saint Pius X, the teachers of Our Lady Help of Christians Academy ("OLHCA"), any parishioners or other volunteers, or whomever any of these so delegates to transport my/our Child to and from this destination.

**RELEASE OF LIABILITY AGREEMENT**

I/We understand and agree that the activity may pose possible illness, injury, as well as similar and dissimilar risks ("risks"). In exchange for OLHCA's allowing the student to participate in the activity, the student, parents and their respective heirs, personal representatives agree(s) to release from liability, discharge and hold harmless OLHCA, the Society of Saint Pius X District, its affiliated organizations, employees, agents and representatives including volunteers and drivers, from any and all liability resulting from the student's personal injury, death, property damage, property theft, or loss of any kind which may hereafter occur to student. This release shall be governed by the laws in the State of Colorado, and shall not apply to liability as a result of intentional (criminal) misconduct or gross negligence if proven by a court of law. The student and each of the undersigned understand that at any OLHCA event or related activities, any child, parent or licensee may be photographed. I/We agree to allow any photo, video or film likeness of the student, parents or their assigns/licensees to be used for any purpose by the school, event holders, producers, sponsors, organizers and assigns and may publish the photographs/film/videotapes/electronic representations and/or sound recordings of him/her and specifically waive(s) any right to any compensation he/she may be awarded or due. I/We do hereby represent that I/We am/are, in fact, acting in such capacity as the student's parent/guardian. I/We agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release OLHCA or its affiliates as set forth above. I have fully read and understand the above terms and conditions and that they apply to said student and to myself/ourselves, jointly and severally, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me/us and the student. I/We acknowledge and agree that OLHCA can assume no financial liability beyond its actual liability insurance policy in effect.

**PERMISSION TO TREAT**

In case of any accident, illness, or other incident requiring medical attention, I/we request that the school contact me/us. If the school cannot reach me/us after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for school staff to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible there- after. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to the appropriate OLHCA Personnel and /or attending health care providers.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_