

**FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Date of Event/Field Trip _____ Type of Field Trip _____

Destination _____

Individual(s)/Teacher(s) in Charge _____

Estimated Time of Departure _____ Return _____

Mode of Transportation To & From Event _____

Student Cost (if applicable) _____

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the **parish/school** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the **parish/school** /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name
executors, and personal representatives to hold harmless and defend _____
Parish/School
and the Archdiocese of St. Paul & Minneapolis, its officers, directors, agents, employees, or representatives
associated with the field trip from any and all liability claims, loss or damage arising from or in connection with
my participation in the field trip.

Signature

Date

**FIELD TRIP
DRIVER INFORMATION SHEET**

DRIVER

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Phone # _____

Drivers License # _____ Date of Expiration _____

VEHICLE TO BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Date of Expiration _____

Liability Limits of Policy _____

Please note: the minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature

Date