



# SAINT ANTHONY CATHOLIC SCHOOL

## Field Trip Consent and Release

Name of Participant: (Student) \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address and Telephone Number of Parents/Guardians:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Information (include telephone number and address):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Field Trip/Activity:

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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 **Saint Anthony Catholic School**, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsors") 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 Sponsors 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 Sponsors and agree to indemnify them 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 Sponsors 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 Sponsors' 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 Sponsors 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 Sponsors at their 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, and 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 Sponsors and any travel company and I agree that Sponsors have the right to enforce their standards of conduct as determined and interpreted in their sole discretion, and that, should I fail to comply with them, Sponsors have 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 Sponsors from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsors to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsors deem 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 Sponsors are 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 Sponsors.

All references in this release to Sponsors shall also include all of their chaperones, group leaders, faculty members, administrators, volunteers, and agents. All references to the "parents" of the participant include the legal guardians or other adults responsible for the participant.

I hereby grant to Sponsors 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.

I have read the terms and conditions set forth by Sponsors and I agree that this constitutes a part of any agreement with Sponsors. I understand and agree to all of Sponsors' 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: (Student) \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

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 Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsors 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 Sponsors. 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 Parents/Guardians: \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_