FIELD TRIP AGREEMENT AND RELEASE FORM

Please complete and return this AGREEMENT AND RELEASE to the moderator / teacher by the date listed on the FIELD TRIP INFORMATION LETTER.

I, the parent/legal guardian of _____, in consideration of allowing my student to participate in the field trip to _____ on _____ agree to release and hold harmless Our Lady of Good Counsel High School (OLGCHS), Inc., its employees, agents, volunteer chaperones, Board of Directors, and the Archdiocese of Washington from any and all claims arising out of my student's participation in the aforementioned field trip. I further agree to indemnify, defend, and hold harmless OLGCHS, its employees, volunteer chaperons, the Board of Directors of OLGCHS, and the Archdiocese of Washington from any and all claims, costs, suits, actions, judgments, and expenses as a result of a claim brought by or on behalf of my student, or any other claim arising out of my student's participation in the aforementioned field trip.

I have read the details of the trip and understand them. I believe that the necessary precautions and plans for the care and supervision of my student during this trip will be taken. I release and hold harmless OLGCHS, its employees, volunteer chaperones, the Board of Directors of OLGCHS, and the Archdiocese of Washington from any and all liability, for any injury occurring while my student is on this trip, including, but not limited to, injury due to acts of terrorism or natural disaster.

In the event of the need for emergency medical treatment, I give the faculty moderator/teacher to seek and/or administer same.

I acknowledge receipt of the information describing the details of the field trip experience.

I understand that school regulations regarding conduct are in effect throughout this trip.

Signature _____ **Date** _____
Parent / Guardian

FIELD TRIP EMERGENCY INFORMATION

Student's Name: _____ Home phone:_____

Pertinent physical or medical concerns that staff should be aware of (e.g. allergy to bee stings, etc.)

_____

Medical Insurance Information - Name of Insured:_____

Insurance Company: _____ Policy/Group _____

Mother's phone – Cell: _____ Work: _____

Father's phone – Cell: _____ Work: _____

Emergency Contact – Name: _____ Relationship: _____

Contact's home phone _____ Contact's work phone _____