

REGINA HIGH SCHOOL FIELD TRIP REQUEST AND RELEASE

1. I, _____, am the _____
(Name of parent or guardian) (custodian parent, legal guardian)
of _____ (the Student). I hereby request permission for the Student
to participate in the _____ at _____
(Type of Field Trip) (Place)
_____ with _____
(Place) (Teacher's Name and Class)
on _____ from _____ to _____
(Date of Field Trip) (Time) (Time)

I consent to the Student's participation in the field Trip. I understand that travel to the place of the Field trip will be by _____.
(Means of Transportation)

2. I state that the Student is in good health and is in proper medical fitness and condition to participate in the Field Trip. In the event the Student is under that age of 18, I expressly give my permission for the administration of any emergency medical treatment to the Participant deemed necessary by a licensed physician or dentist and have signed the attached Emergency Medical Authorization. I also agree and acknowledge that I am responsible for emergency expenses which may be incurred during or arising out of the Student's participation in the Field trip, including transportation and medical treatment.
3. I am aware of the risks involved and of my and the Student's responsibilities under this Field Trip Request and Release and I hereby consent to the Student's enrolling and participating in the Field Trip. I acknowledge that I have had an opportunity to call the teacher listed above and ask him/her questions about the Field Trip.
4. In consideration of the Student being allowed to participate in the Field Trip, on behalf of the Student and for myself:
- a. I agree that the Student and I voluntarily and knowingly assume all risks, hazards and inherent dangers of or in any way associated with the Field Trip:
 - b. I voluntarily and knowingly release and discharge Regina High School and the Sisters of Notre Dame of Cleveland, Ohio, and its members, employees, agents and volunteers from any liability and loss of expense whatsoever for or an account of the death, injury or loss of any kind sustained by the Student and/or me during or arising from the Student's involvement in the Field Trip.
 - c. I agree to same and hold harmless Regina High School and the Sisters of Notre Dame of Cleveland, Ohio, and its members, employees, agents and volunteers from any claims by the Student, myself, another parent or guardian of the Student or the Student's heirs. Executors, administrators, personal representatives or assigns, or the Location that arise out of the Participant's involvement in the Field Trip.
 - d. I expressly agree that this Field Trip Request and Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and if any portion within is held invalid. I agree that the balance shall, notwithstanding, continue in full force and effect.

Parent and/or Legal Guardian

Parent and/or Legal Guardian

Date

Date

CONSENT OF THE STUDENT IF STUDENT IS 18 OR OLDER

- e. I have read the above Consent and Release and by signing join in such Consent and Release being aware of the risks involved in the Field Trip.

Student

Date

All teachers whose classes are missed as a result of a field trip must give their approval prior to the field trip date for each student in each class by signing this form. Approval is given at the discretion of the individual teacher.

CLASS	TEACHER	COMMENTS
Period 1		
Period 2		
Homeroom		
Period 3		
Period 4		
Period 5		
Period 6		
Period 7		
Period 8		
Period 9		
Period 10		