

Diocese of Venice  
1000 Pinebrook Rd., Venice, FL 34292  
(941) 484-9543

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION  
FOR FIELD TRIP**

NAME OF STUDENT \_\_\_\_\_ DOB: \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

TRIP/EVENT: \_\_\_\_\_ COST: \_\_\_\_\_

PLACE OF EVENT: \_\_\_\_\_

DATE(S): \_\_\_\_\_ TIME EVENT BEGINS: \_\_\_\_\_ ENDS: \_\_\_\_\_

PLACE OF DEPARTURE/RETURN: \_\_\_\_\_

ACCOMMODATIONS \_\_\_\_\_ CONTACT # \_\_\_\_\_

MODE OF TRANSPORTATION: \_\_\_\_\_

\*Diocesan owned school bus unless otherwise specified

For Secondary School Age Children: Please initial all other acceptable transportation options for your child:

\_\_\_\_\_ drive his/her own vehicle/family car      \_\_\_\_\_ only ride with an adult 21 years of age or older

I, the parent/legal guardian of the above named student, for myself and student, our heirs, personal representatives, assigns and next of kin, request that student be permitted to participate in the above referenced event and in consideration for the agreement by the parish/school to permit student's participation, and intending to be legally bound, do hereby:

**1. Release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School; and their employees, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of student in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise; excepting gross negligence or intentional wrongdoing.**

2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to student's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;

I further represent that student is covered by accident and health insurance and I agree to maintain coverage in full force and effect for the duration of the trip. I have completed a Medical Authorization which is on file with the sponsoring parish/school in the event emergency medical care is required.

I do further agree that the school/parish officials, agents, and/or employees have the right to terminate the participation of the above student for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form to  
the school or parish office.**