

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

PARENTIS OR GUARDIAN/S CONSENT AN'D RELEASE OF LIABILITY

NAME OF STUDENT _____ DOB: _____

PARISH/SCHOOL: _____ SAN ANTONIO CATHOLIC CHURCH _____

TRIP/EVENT: _____ COST: _____

PLACE OF EVENT: _____

DATE(S): _____ TIME EVENT BEGINS: _____ ENDS: _____

PLACE OF DEPARTURE/RETURN: _____

MODE OF TRANSPORTATION: _____

For Secondary School Age Children: Please initial all acceptable transportation options for you child:
____ ride with a driver under 21 years of age ____ transport other students (if licensed)
____ drive his/her own vehicle/family car ____ only ride with an adult 21 yrs 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, do hereby:

1. Release, discharge and covenant not to sue the Most Rev. John J. Nevins, 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;
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 the 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 parish/school officials, agents, and/or employees have the right to terminate the participation of the above student for reasonable cause, as determined within the description 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:** _____

DECLARATION OF ADULT WITNESS:

I certify that the above parent (s)/guardian (s) acknowledged in my presence that he/she/they had read and fully understood the meaning and consequences of this consent and release of liability and signed it in my presence.

Signature: _____ Date: _____

Address: _____ Phone: _____