

**PARENT/ GUARDIAN, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION**

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

**EVENT:** PSR CLASSES (SEPT 2019 - MAY 2020) TUESDAYS 3:00 P.M.

**PLACE OF EVENT:** ST BERNARD CATHOLIC CHURCH

**TIME EVENT BEGINS:** 3:00 P.M. **ENDS:** 5:00 P.M.

**PLACE OF DEPARTURE:** ANNA MARIA ELEMENTARY

**MODE OF TRANSPORTATION:** SUPERVISED WALKING

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 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 Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish; 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 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 Parish in the event that emergency care is required.

I do further agree that the parish officials, agents, and/or employees have the right to terminate the participation of the above student, as determined within the discretion of the event/trip leader.

I do further agree that the parish officials, agents, and/or employees have the right to change or terminate this event, as determined within the discretion of the event/trip leader.

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

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

**DECLARATION OF ADULT WITNESS:** I certify that the above parent(s)/guardian(s) acknowledged in my presence, having read and fully understood the meaning and consequences of this Consent, Release of Liability and Indemnification and signed it in my presence.

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

Director of Family Faith Formation  
St Bernard Catholic Church