



# St. Augustine

CATHOLIC SCHOOL

A NOTRE DAME ACE ACADEMY

## FIELD TRIP PERMISSION FORM RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY 2025-2026 SCHOOL YEAR

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)  
of \_\_\_\_\_, a student at ST. AUGUSTINE SCHOOL;  
(Name of Student) (Name of School)  
in the \_\_\_\_\_ Grade.

I hereby grant permission for the above-named child to attend PHYSICAL EDUCATION AND/OR OTHER CLASSES AS NECESSARY AT LAKE ANNA (Description/Destination of Field Trip)  
DURING THE 2025-2026 SCHOOL YEAR from VARIOUS to VARIOUS and I consent to the  
(Date of Field Trip) (Time) (Time)  
child's participation in such a field trip.

I understand that the child will be transported to the place of the field trip by WALKING.  
(Means of Transportation)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above field trip.

I further specifically waive, release and discharge the Diocese of Cleveland, ST. AUGUSTINE SCHOOL, ST. AUGUSTINE CHURCH, and the employees and volunteers of the aforesaid school,  
(Name of School) (Name of Parish)

parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, ST. AUGUSTINE SCHOOL, ST. AUGUSTINE CHURCH,  
(Name of School) (Name of Parish)

and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip. I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

\_\_\_\_\_  
(Parent/Guardian Signature)