## RELEASE / REQUEST FORM - HAZARDOUS ACTIVITY

We request that our child with_ the "Organization") presently scheduled to depart on	be allowed to go on the field trip to
the "Organization") presently scheduled to depart on	and to return on
because we believe this trip will benefit our child both education	nally and spiritually.
We understand that all rules of conduct and standards of behavious we have discussed these with our child. In consideration for masave harmless the Organization and all its employees from any and all its employees.	aking the arrangements for this trip, we hereby release and
Our child has been informed that he/she is to abide by the rule from the school's administrators, instructors, and supervisors as activities. This shall include his/her participation in the planning prior to his/her participation in the activity or program.	imposed on students while participating in the program or
In the event that our child fails to abide by the rules and regular program or activities, disciplinary action may either require that will be contacted to have him/her picked up or transported home	t he/she not participate in the program or activity, or that I
We also understand that it may not be financially feasible for that are going on this field trip. Therefore, we understand that some prehicles. With this knowledge, we hereby consent to our child manners.	participants may be traveling by bus or by privately owned
. We freely and voluntarily assume the risks and hazards are inhe and acknowledge to the Organization that our child, as a partici death due to an unforeseeable event. We fully understand that of types and condition of any equipment used, also affect the danger as parents/guardians are in the best position to know these thing to our child engaging in these activities.	pant, may suffer personal and potentially serious injury or differences in height, weight, age, and skill, as well as the erousness of these activities. We also acknowledge that we
We further understand that the Organization is not responsible for actions or the actions of others. To the greatest extent possible, win Illinois, and all those acting on their behalf, from all liability for and we agree to indemnify them for any such damages.	we release the Organization and the Diocese of Springfield
In the event of an emergency, we hereby grant permission to licensed hospital or physician, to authorize immediate emergive permission to transport our child for emergency medica treatment by the hospital or doctor.	gency medical treatment for our child. Additionally we
Emergency Contact / Medical Information: (Please Print)	
Father/Guardian:	Daytime Phone: ( )
Mother/Guardian:	Daytime Phone: ()
Address:	Home Phone: ()
Other Contact Person:	
Medical Insurance Company:	
Company Address:	Policy Number:
Medical Conditions/Allergies:	
Family Doctor:	Phone: ()
We hereby also give our consent for photographic	phs of our child to be taken and released.
Signature of parent/guardian:	3
Signature of parent/guardian:	Date: