



Archdiocese of Seattle

FIELD TRIP
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____
Parent/Guardian's Name: _____
Home Address: _____
Best Daytime Phone: _____ Cell Phone: _____
e-mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of the organization employees and/or volunteers from St. Luke School.

Students should wear: _____ free dress _____ uniform We will eat: _____ at school _____ on the field trip.

A brief description of the activity follows:

Type of event: Service Day - Yard Work for Client of Volunteer
Location of event: 14926 66th Ave W Edmonds, WA 98026 Chore Services
Individual(s) in charge: Jennifer Fargo
Date and time of departure: June 2nd 9:30 Return: 2:00 pm to School
Mode of transportation to and from event: Carpool
Cost: \$0

I am able to drive on this field trip.

I have _____ seat belts and can drive _____ students. I can fit _____ car seats.

I have a driver form on file. _____ yes _____ no, please send one home.

*We need
more drivers,
Please!*

Effective July 1, 2007, children less than 8 years olds must be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A child who is 8 years old or older, or 4 feet 9 inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under 13 years old must be transported in rear seats where it is practical to do so.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) St. Luke School its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____