HOLY ANGELS CATHOLIC ELEMENTARY SCHOOL
230 North 8th Avenue • West Bend, WI 53095
(262) 338-1148 www.has.pvt.k12.wi.us

DATE:

Dear Parent:

Your child is eligible to participate in a school-related activity at a location away from school. A brief description follows:

DESCRIPTION OF ACTIVITY:

DESTINATION:

DESIGNATED SUPERVISOR OF ACTIVITY:

DATE AND TIME OF DEPARTURE: TIME OF RETURN:

METHOD OF TRANSPORTATION: STUDENT COST:

SPECIAL CONCERNS:

If you would like your child to participate in this event, please complete, sign and return the following request and indemnity agreement. As parent, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Peace be with you,

_____
Mike Sternig, principal

-------*cut and return*----------

GENERIC FIELD TRIP REQUEST & INDEMNITY FORM

I request and consent to the participation of my child/ward, _____ , in the following activity: _____ (describe in detail). I have an understanding of any risks and hazards associated with the activity that my child/ward will be participating in. I am submitting this form in lieu of the Field Trip Request Form which was provided by the organizing staff member.

In consideration for my child/ward's participation, I agree to reimburse and indemnify Holy Angels School (understood to include Holy Angels Parish and the Archdiocese of Milwaukee) for all reasonable court fees incurred in defending a lawsuit that I or my child/ward may bring against Holy Angels which relates to the above activity *if* Holy Angels School is found not legally liable by the courts and prevails in the lawsuit. If Holy Angels School is found legally liable for injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement. I further understand that I had the opportunity to fully discuss this agreement with a representative of Holy Angels School to clarify any concerns or questions about the activity or this agreement that I may have had. In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, I may be reached at the following number: _____. If you are unable to reach me, contact: (name)_____ at (phone) _____.

_____ _____ _____
Parent/Legal Guardian Signature Address Date

On the back of this form, please furnish any medical information about your child/ward which may be pertinent to participation in the activity described above.

PLEASE RETURN BY: [OFFICE CODE:]

This form is required by and has been prepared using information provided by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at (262)255-6906.