

Saint Basil Academy Parents' Club  
**NEW YORK CITY BUS TRIP**

**WAIVER/RELEASE**

**Complete the appropriate waiver/release below. If you are purchasing multiple tickets, a waiver/release is required for each member of your group. Payments will not be processed until all forms are complete and incomplete forms may result in the loss of your reservation.**

**ADULT – 18 YEARS & OLDER**

I, \_\_\_\_\_, do acknowledge that my participation in the One Day Bus Trip to New York City on Friday, December 8, 2017 is completely voluntary. I understand and acknowledge that any injury or illness I may sustain as a result of my participation, including, but not limited to, injuries resulting from transportation, is not compensable by Saint Basil Academy and/or Saint Basil Academy Parents' Club.

I hereby release and forever discharge Saint Basil Academy Parents' Club and Saint Basil Academy, as well as any employee, volunteer, administrator, agent, or member thereof of any responsibility, liability or claim for and injury, illness or other damage I may sustain as a result of my participation in this bus trip.

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

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**MINOR UNDER 18 YEARS**

I, \_\_\_\_\_, have read this Waiver/Release and do hereby  
(name of parent/guardian)  
understand and acknowledge that the participation of my minor child, \_\_\_\_\_, of whom I am the parent/legal guardian, in the One Day Bus Trip to New York City on Friday, December 8, 2017 is completely voluntary. I understand and acknowledge that any injury or illness my child may sustain as a result of his/her participation, including, but not limited to, injuries resulting from transportation, is not compensable by Saint Basil Academy and/or Saint Basil Academy Parents' Club.

I hereby release and forever discharge Saint Basil Academy Parents' Club and Saint Basil Academy, as well as any employee, volunteer, administrator, agent, or member thereof of any responsibility, liability or claim for and injury, illness or other damage my child may sustain as a result of his/her participation in this bus trip.

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

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_

**Return payment and waiver forms to SBA Parents' Club (Attn: Marcia Miller / NYC TRIP)**