

PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION



Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Trinity High School. A brief description of the activity follows.

Name of Event:	March for Life
Destination:	Washington, DC
Designated Supervisor of Activity:	Mr. Root
Date and Time of Departure:	Friday 1/18/19@ 6:00 AM
Date and Anticipated Time of Return:	Friday, 1/18/19 @ 6:00 PM
Method of Transportation:	bus
Student Cost:	\$40.00

Make checks payable to Trinity High School

If you would like your child to participate in this event, please complete, sign and return the

My child has special medical concerns:

(Yes)	(No)

(If yes, please
describe on reverse)

CONSENT AND WAIVER

I hereby request the participation of my child, _____, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents, or employees) which may arise from the participation of the named student in the above-described event. I am signing this waiver with the understanding that conditions relating to weather or national security may change, and the school or the diocese may cancel or alter plans for

(Print Parent's Name)

Student cell phone number _____

(Parent's Signature)

Parent cell phone number _____

(Date)

**Please return this entire form
by:**

Friday, January 4, 2019