

# SAINT BARNABAS

## FIELD TRIP RELEASE, WAIVER AND PERMISSION FORM

Destination: State Capital - Springfield,  
IL Grade/Class: 7th Grade Students  
Departure Time: 5:45am

Date: Thursday, May 8, 2025  
Chaperones: 7th Grade Teachers/Parent  
Volunteers Return Time: Approximately 9:00pm

**AGENDA:** Visit the IL State Capitol Building, the War Memorials, New Salem State Park, and President Lincoln's home and tomb.

**FOOD:** Students should bring a bagged lunch, a small snack for the bus, and a water bottle. We will eat dinner as a group at Godfather's Pizza.

**TRANSPORTATION:** Coach bus. Arrive at school by 5:45am, for a 6:00am departure. All students must be picked up by a parent/guardian that evening. Students are not allowed to walk home.

**DRESS ATTIRE:** Boys should wear dress pants/khakis with a collared shirt. Girls should wear pants or a skirt with a dress top or a casual dress (with shorts underneath). All students are encouraged to wear comfortable shoes.

**PAYMENT:** \$172 required per person (students and chaperones each pay same per person rate)

- **\$172 payment is due in full by Friday, November 22, 2024**
- **or PAYMENT 1 (\$86) due November 22, 2024 and PAYMENT 2 (\$86) due January 31, 2025.**

*Teachers will have each student's Medical and Emergency Notification Authorization for Medical Treatment on the trip. Any changes to the student's Medical and Emergency Notification Authorization for Medical Treatment must be provided prior to the trip.*

I, as legal guardian to \_\_\_\_\_ ("Student"), fully understand and acknowledge that participation in this field trip may involve strenuous activity and certain risks of illness, injury, permanent disability, or death to participants due to such activities and that such risks may be inherent to the activities that participants will engage in, and may be unavoidable regardless of the care taken. I understand that by signing this document, which indicates that Student will voluntarily participate in this service activity despite any dangers involved and risks of illness, injury, permanent disability and death, I, on behalf of myself and Student, am waiving and releasing any and all claims for injury that Student might sustain as a result of participation. If you have any questions regarding the nature of the activities related to this field trip, please contact the school or parish office.

I, on behalf of myself and Student, acknowledge and agree that by voluntarily participating in this activity, I assume any and all risks of illness, injury, permanent disability, death, or damage to person or property, as well as full responsibility for Student's medical and liability insurance coverage and costs. I hereby represent that Student does not suffer from and is not under the care of a physician for any condition that would limit his/her participation in the activities.

In consideration of being permitted to participate in this activity, I, on behalf of myself and Student, and our heirs, executors, agents and assigns, hereby agree to waive, release, indemnify, hold harmless and agree not to sue the Catholic Bishop of Chicago, a corporation sole, and St. Barnabas School/Parish, and their administrators, employees, agents, representatives, volunteers, insurers, attorneys, clergy, assigns and successors, from and against any and all claims, demands, suits and causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, and damage/loss to property, whether caused by negligence or any other reason, arising out of, in connection with, or in any manner related to participation in this field trip. Student agrees to comply with all conduct rules and health protocols.

I INTEND BY MY SIGNATURE TO PROVIDE A COMPLETE AND UNCONDITIONAL WAIVER OF CLAIMS AND RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I HAVE CAREFULLY READ THIS RELEASE, WAIVER, AND PERMISSION FORM, FULLY UNDERSTAND ITS CONTENTS, AND SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***Please place the permission form and the required fee in an envelope. Include the student's name.***