

Diocese of Venice
1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FOR SPORTS TRIP
(Ski trip, rafting, etc.)**

NAME OF STUDENT _____ DOB: _____

PARISH/SCHOOL: _____

TRIP/EVENT: _____ COST: _____

PLACE OF EVENT: _____

DATE(S): _____ TIME EVENT BEGINS: _____ ENDS: _____

PLACE OF DEPARTURE/RETURN: _____

MODE OF TRANSPORTATION: _____

I, the parent/legal guardian of the above named minor child, for myself and minor child, our heirs, personal representatives, assigns and next of kin, request that he/she be permitted to participate in the above referenced event and in consideration for the agreement by the parish/school to permit minor child's participation, and intending to be legally bound, do hereby:

1. Release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School; and their employees, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of minor child in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise;

2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to student's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;

I further understand that the risk of serious injury from activities on this trip is significant, including the potential for permanent paralysis and death, and on behalf of my minor child, I knowingly and freely assume all such risk. I understand that the Parish/Diocese provides no insurance which will cover my child in conjunction with this trip. I hereby represent that child is covered by accident and health insurance and I agree to maintain this coverage in full force and effect for the duration of the trip. I agree to full financial responsibility for any medical treatment provided to him/her. I have completed a Medical Authorization which is on file with the sponsoring parish/school in the event emergency medical care is required.

I understand that there are chaperones on the trip, but that my child will not always be in the presence of a chaperone nor are the chaperones at all times able to monitor or control the child's activities. While the parish/school will act reasonably to promote, it makes no assurances and assumes no duty to insure the safety or well being of my child.

I do further agree that the school/parish officials, agents, and/or employees have the right to terminate the participation of the above child for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Address: _____ Phone: _____

DECLARATION OF ADULT WITNESS: I certify that the above parent(s)/guardian(s) acknowledged in my presence having read and fully understood the meaning and consequences of this Consent, Release of Liability and Indemnification and signed it in my presence.

Signature: _____ Date: _____

Address: _____ Phone: _____

**Please return this form to
the school or parish office.**