



## FIELD TRIP RELEASE, WAIVER AND PERMISSION FORM

School Name: **ST. BARNABAS SCHOOL**

Address: **10121 S. LONGWOOD DRIVE, CHICAGO 60643**

Destination: **Field Museum**

Date: Tuesday, **Tuesday, February 25, 2025**

Grade: **4th Grade Students**

Teacher/Supervisor: **4th Grade Teachers**

Departure Time: **9:45 A.M.**

Return Time: **2:30 P.M.**

EDUCATIONAL/RELIGIOUS PURPOSE OF THE FIELD TRIP: Introduce students to the wonder of natural history and cultural diversity through interactive exhibits. Encourage interdisciplinary learning by integrating science, history and anthropology within museum contexts.

**Please note the following:**

☒ Students to bring bagged lunch.

**Transportation:**

Bus provided: ☒

**Dress attire: Gym Uniform**

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.

**Cost of Field Trip: \$10 Due by : Tuesday, 2/18**

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/or the COVID pandemic, and that such risks may be inherent to the activities that participants will engage in, and may be unavoidable regardless of care taken. I understand that by signing this document, which indicates that Student will voluntarily participate in this field trip 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 field trip, 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 field trip activities.

In consideration of being permitted to participate in this field trip, 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 \_\_\_\_\_ 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 Student's name.**