

LAKWOOD CATHOLIC ACADEMY BLANKET PERMISSION FORM
RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY

Date 2016/17 School Year

I, _____, am the _____
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of _____, a student at Lakewood Catholic Academy in the ____ Grade.
(Name of Student)

of _____, a student at Lakewood Catholic Academy in the ____ Grade.
(Name of Student)

of _____, a student at Lakewood Catholic Academy in the ____ Grade.
(Name of Student)

of _____, a student at Lakewood Catholic Academy in the ____ Grade.
(Name of Student)

of _____, a student at Lakewood Catholic Academy in the ____ Grade.
(Name of Student)

I hereby request permission for the above-named child(ren) to attend St. Clement, St. James, St. Luke, or Transfiguration Parishes or Lakewood Park.

on any given school day and I consent to the child's participation in such a field trip.
(Date of Field Trip)

I understand that the child will be transported to the place of the field trip by walking / bus / car.
(Means of Transportation)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

(Parent/Guardian Signature)