

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Grades 5 & 6

#10 per student

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the field trip sponsored by St. Joseph Regional School. These activities will take place under the guidance and supervision of employees and volunteers from St. Joseph Regional School. A brief description is as follows:

Event/Location: *The Batavia YMCA for Catholic Schools Week*

Date and Time of Departure: *Thursday, February 1, 2023 @ 11:30 AM*

Date and Time of Return: *Thursday, February 1, 2023 @ 2:00 PM*

Designated Chaperones: *Mrs. Fisher, Mrs. Hamilton, Mr. Fisher & Miss Nya*

Method of Transportation: *walking*

**** Students can come to school dressed in their favorite sports team attire. A pizza lunch will be provided in the school cafeteria upon return.**

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Joseph Regional School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My permission is hereby given to the representatives of St. Joseph Regional School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which I cannot be reached. It is understood that every attempt to reach me will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student

Health Insurance Company/Plan #/ID #

Address

Primary Care Physician/Phone number

Emergency Contact/ Telephone Number

Allergies, Reactions or other pertinent medical information: _____

Parent/Guardian Name/Signature

Telephone Number

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Grades 3 & 4

\$10 per student

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the field trip sponsored by St. Joseph Regional School. These activities will take place under the guidance and supervision of employees and volunteers from St. Joseph Regional School. A brief description is as follows:

Event/Location: *The Batavia YMCA for Catholic Schools Week*

Date and Time of Departure: *Thursday, February 1, 2023 @ 10:15 AM*

Date and Time of Return: *Thursday, February 1, 2023 @ 12:00 PM*

Designated Chaperones: *Ms. Dumuhosky, Miss Morgan, Mrs. Fischer & Mrs. Laska*

Method of Transportation: *walking*

**** Students can come to school dressed in their favorite sports team attire. A pizza lunch will be provided in the school cafeteria upon return.**

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Joseph Regional School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My permission is hereby given to the representatives of St. Joseph Regional School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which I cannot be reached. It is understood that every attempt to reach me will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student

Health Insurance Company/Plan #/ID #

Address

Primary Care Physician/Phone number

Emergency Contact/ Telephone Number

Allergies, Reactions or other pertinent medical information: _____

Parent/Guardian Name/Signature

Telephone Number

PARENT / LEGAL GUARDIAN PERMISSION SLIP

Grades K, 1 & 2

\$10 per student

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the field trip sponsored by St. Joseph Regional School. These activities will take place under the guidance and supervision of employees and volunteers from St. Joseph Regional School. A brief description is as follows:

Event/Location: *The Batavia YMCA for Catholic Schools Week*

Date and Time of Departure: *Thursday, February 1, 2023 @ 8:45 AM*

Date and Time of Return: *Thursday, February 1, 2023 @ 10:45 AM*

Designated Chaperones: *Mrs. Case, Mrs. DeFreze, Mrs. Fava, Mrs. Rapone, Mrs. Lutey & Mrs. Fraser*

Method of Transportation: *walking*

**** Students can come to school dressed in their favorite sports team attire. A pizza lunch will be provided in the school cafeteria upon return.**

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Joseph Regional School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

My permission is hereby given to the representatives of St. Joseph Regional School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which I cannot be reached. It is understood that every attempt to reach me will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student

Health Insurance Company/Plan #/ID #

Address

Primary Care Physician/Phone number

Emergency Contact/ Telephone Number

Allergies, Reactions or other pertinent medical information: _____

Parent/Guardian Name/Signature

Telephone Number

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING GLOW YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of GLOW YMCA facilities, services, equipment and premises ("Facilities") and any participation in GLOW YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that GLOW YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)