



Field Trip Parent Permission & Student Acknowledgement

Destinations Holy Rosary Church (3617 Milam St, Houston); Co-Cathedral of the Sacred Heart (1111 St Joseph Pkwy); St. Dominic Village (2409 Holcombe Blvd); Spring Creek Park (15012 Brown Road, Tomball)

Method of Transportation School Bus

Day/Date Thursday, March 10, 2016 **Departure time** 7:45am **Return time** 6:15 p.m.

Objectives of Field Trip Junior Retreat

Specific Materials Needed \$20 to cover bus, T-shirt, lunch and dinner

I, _____, a student at Frassati Catholic High School, as a condition of participating in the field trip described above agree to conduct myself in conformity with the policies established by Frassati Catholic High School and the directives and rules of the designated supervisor of the trip.

Student Signature

Date

_____, a student at Frassati Catholic High School, is now under my control and custody. I hereby request that the school allow this student to participate in the trip to Holy Rosary, Co-Cathedral, St. Dominic's Village Nursing Home, Spring Creek Park sponsored by Frassati Catholic _____ to take place from 7:45 a.m. to 6:15 p.m.. I also give permission for school employees /sponsors to secure medical services for the student, if necessary, and agree to pay all expenses for such medical care. Attempt will be made to contact me before consenting to medical care unless such attempt jeopardizes the health of the student.

It is understood that neither Frassati Catholic High School nor any of its officers, employees or sponsors are liable for the injuries or damages caused to the student on the trip. I agree to indemnify and hold Frassati Catholic High School harmless from all claims made against Frassati Catholic High School, its officers and employees, and from any and all claims made by third parties which result from the above named student's actions while on the trip. In consideration of the student being permitted to participate in this trip, I expressly waive all claims to which I may be otherwise entitled, including but not limited to, claims for medical expenses and wages.

I understand that Frassati Catholic High School, its, officers, agents and employees are not waiving any immunities or defenses that it has or may have under Texas or other applicable law.

I, the undersigned, have read this permission slip and release, and have executed it voluntarily.

Parent/Guardian Signature

Date

Father's Work Number

Mother's Work Number

Home Phone Number

Family medical coverage

Policy Number