

**DIOCESE OF RENO DEPARTMENT OF CATHOLIC SCHOOLS**  
**Parental/Guardian Field Trip Consent Form and Liability Waiver**

**To the Principal of** \_\_\_\_\_  
School Name \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child,  
(Child's Name) \_\_\_\_\_, to participate in this school-sponsored event that  
requires transportation to a location away from the school site. This activity will take place under the guidance  
and direction of school employees and/or volunteers from \_\_\_\_\_  
(NAME OF SCHOOL)

A brief description of the activity follows:  
Type of event and purpose of trip: \_\_\_\_\_

Location of event: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated time of departure: \_\_\_\_\_ Return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

Cost (if any): \$ \_\_\_\_\_

I am eligible to drive through verification by the school office. Yes \_\_\_\_\_ No \_\_\_\_\_

I can volunteer to drive? Yes \_\_\_\_\_ No \_\_\_\_\_ # of students: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, our heirs, successors and assigns, to hold harmless and defend (Name of School/Parish) \_\_\_\_\_, its officers and directors, and the Roman Catholic Bishop of Reno and His Successors, a Corporation Sole (aka the Diocese of Reno) and its employees from any and all actions, claims, demands, damages costs, expenses and all consequential damages arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school and parish, their officers, directors, and the Roman Catholic Bishop of Reno and His Successors, a Corporation Sole and its employees for reasonable attorney's fees and expenses arising therewith, unless such claim arises from the negligence of the school, parish or Diocese.

I further agree that, in the event my child is injured as a result of his or her participating in this field trip, including transportation to and from the activity, through the negligence of the school or any of its employees or agents, I will first seek recourse for the payment of any resulting hospital, medical or related costs and expenses against any accident, hospital or medical insurance or any available benefit plan of mine or my spouse.

**Emergency Medical Treatment: In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_