

St. Vincent-St. Mary High School

A Catholic School in the Marianist Tradition

15 North Maple Street • Akron, Ohio 44303

(330) 253-9113 • Fax: (330) 996-0020 • www.stvm.com



Field Trip Permission Slip & Waiver

Teacher: Campus Ministry/Mrs. Goshe

Event/Club: Junior Retreat

Field Trip Location: Cleveland Public Auditorium

Date of Trip: 10/23/25

Form Due: 10/14//25

Cost: n/a

Dear Parent/Guardian,

Your student has the opportunity to attend a field trip to the location listed above. Please review and complete the permission slip below.

My child agrees to abide by all the rules of the aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

I understand that participation in this field trip is voluntary. By signing this permission slip, I agree to release, indemnify, and hold harmless St. Vincent-St. Mary High School, its employees, agents, and representatives from any liability, claims, demands, or causes of action arising out of or related to any loss, damage, injury, or harm that may occur during the field trip, including during transportation.

I understand that all activities have certain risks, including, without limitation, potential exposure to communicable diseases, and could result in injury to the above-named child and, by extension, family members. In consideration of the child being allowed to participate in the field trip, on behalf of my 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 the child may sustain in connection with the above field trip. To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arising out of or relating to my child's participation in the field trip, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish, or the Diocese of Cleveland.

Parent/Guardian Permission

I, the undersigned parent/guardian, permit my child, _____, to attend the field trip. I understand that my child is expected to follow all school rules and behavior expectations while on this trip.

Parent/Guardian Name: (Print) _____ **Phone Number** _____

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Emergency Contact Name: _____ **Phone Number** _____

Transportation Waivers

☐ **School Transportation**

I give permission for my child to be transported by school-provided transportation (bus/van). I understand that the school and its employees will exercise reasonable caution but cannot be held responsible for unforeseen incidents.

Parent/Guardian Signature: _____ **Date:** _____