



Holy Cross Regional Catholic School

701 Locust Street • Collegeville, PA 19426 • 610-489-9434 • www.hcrc.school

Fax # 610 489-6137

We, (I) as parent(s) or legal guardian(s) give permission for _____
(Student's Name)

to participate in the Holy Cross Regional Catholic School field trip on _____

to _____ which includes all related programs or events. In consideration for our (my) son's/daughter's participation in the field trip, and intending to be legally bound, we (I) and our (my) son/daughter agree and understand that we assume risk in full for our (my) son's/daughter's participation on the field trip, and with full knowledge of the risk inherent on such field trip, we release and hold harmless the school, Parish, the Archdiocese of Philadelphia, and its priests, religious, teachers, aides, employees, agents, administrators, and any official representatives, from any and all liability, damages, or claims for any and all personal injury, bodily injury, and/or property damage arising or related to our (my) son's daughter's participation on the field trip, except for medical payments up to \$300, or as otherwise described, and provided in the Student Accident Insurance Policy. We, (I) and our (my) son/daughter understand and agree to abide by all rules and regulations established by the School pertaining to the field trip.

(Student's Name) (Date)

(Parent(s)/Guardian(s) Signature) (Date)

(Parent(s)/Guardian(s) Signature) (Date)

*Both parents and/or guardians should sign this Permission and Release. If one parent and/or guardian is out of town or otherwise unavailable, the fact should be noted on the form. If only parent has custody, permission must be obtained from this parent with an acknowledgment that this parent is sole custodian of the child. If there is no parent and only one guardian, permission must be obtained from the sole guardian with an acknowledgement that he/she is the sole guardian.

N.B. Each student **must** return the signed Permission and Release Form **before** being permitted to participate on the field trip.

MEDICAL INFORMATION

Insurance Company: _____

Group #: _____ I.D.# _____

Emergency Contact Name

Emergency Contact Phone Number