**“Wright Walk for Education” Permission Form**

October 22, 2021

**What:** Field trip for the “Wright Walk” for Education, where students, faculty, and volunteers will walk on Holy Family campus *and* the surrounding neighborhood streets in honor of Elizabeth Wright and to show school support for the awareness of cancer.

**When:** Friday, October 22, 2021

On the assigned day, the students will depart from the Holy Family School parking lot between 1:00 PM and 1:15 PM. Students will walk the campus and surrounding neighborhood streets. Students will arrive back at Holy Family School at approximately 1:30 PM – 2:15 PM.

**Where:** Holy Family School and surrounding neighborhood streets.

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**Field Trip Permission Form**

**Release, Indemnification and Waiver of Liability**

Dear Holy Family School,

I (*parent/guardian*), am the (Circle one)

***mother/father/guardian*** of (*student*), a student at Holy Family School in grade \_\_\_\_\_\_\_\_. I hereby grant permission for the above named student to participate in the “Wright Walk for Education”**, on Friday, October 22, 2021, 1:00 PM until 2:15 PM,** and I consent to the student’s participation in such a field trip**.** I understand that the students will be walking on the sidewalks of neighborhood streets with their class and teacher and return to Holy Family School when they have finished. Holy Family School students will use their regular transportation home. I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the 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 may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge the Diocese of Cleveland, Holy Family School, Holy Family Parish, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child’s parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Holy Family School, Holy Family Parish, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child’s parents and/or next of kin and/or (if applicable) guardian, arising out of the child’s participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I further understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

**(Parent/Guardian’s Signature):**

**Daytime Phone number: (Due Friday, October 22, 2021)**

**\*Please return the bottom portion to your homeroom teacher\*\***