

BLESSED TRINITY CATHOLIC SCHOOL



FIELD TRIP FORM

Field Trip Information:

- Date: Friday, April 14
- Time: 9:00am - 12:30 pm
- Location: Wisconsin State Capitol
- Transportation: Kobussen Bus
- Participation Costs/Fees: \$0
- Other notes: gold BTCS shirts required, bring a sack lunch!

Please cut here and return the bottom form fully filled out to the office by: Wednesday, April 12.

Student name(s): _____

Emergency Contact 1 Name: _____

Emergency Contact 1 Phone Number: _____

Emergency Contact 2 Name: _____

Emergency Contact 2 Phone Number: _____

Medical Considerations (name the pertinent student): _____

I give permission for the above-named student(s) to participate in the field trip to Wisconsin State Capitol on Friday, April 14 and enclosed \$0 for the costs associated with this field trip.

I give my permission for the above-named student (s) to receive emergency medical treatment in the event of an emergency involving my child on this trip. Emergency contacts as listed above will be contacted.

I understand and assume all dangers and risks (both known and unknown) associated with my presence at any activity sites or participation in the above-listed field trip. I do hereby release Blessed Trinity Catholic School and Parish and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releases. I do hereby agree to indemnify and hold harmless Blessed Trinity Catholic School and Parish and its agents, officers and employees for any accidents, injury, loss, or damage of property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

Parent Signature

Date

For Office Use Only:

Cash _____ Check Number _____ Paid on _____