

# St. Ursula Academy High School Parent Acknowledgement, Release, and Permission Form

Activity: **St. Benedict Joseph Labre Ministry to the Homeless/Poor**

Student Name: \_\_\_\_\_

Moderators: St. Ursula Academy Social Justice Alliance & St. John's Jesuit Christian Service Department/Social Justice Alliance

This form covers the school year from June 2018 – May 2019.

I grant my child (print student's full name) \_\_\_\_\_ full permission to take part in the activity named above. While I understand that every effort is made for school events, on or off school premises, to be safe, I acknowledge that an activity of this sort involves a potentially higher degree of risk of injury or illness than a typical school field trip experience, and that my child is participating in the activity at his/her own risk with my permission. By execution below, I and my child acknowledge that participation in this activity is voluntary, and further acknowledge that by participating therein, any and all risks associated with this activity, whether known or unknown, are expressly and impliedly assumed by the undersigned, and not by St. Ursula Academy and St. John's Jesuit High School, their officers, directors, members, employees, agents, assigns, volunteers, constituents, and/or any other persons, parties, or personnel affiliated with St. Ursula Academy and St. John's Jesuit High School. I understand that my child will be engaged in a ministry with the homeless and poor in the neighborhoods of urban Toledo during the evening hours and that those served are not pre-screened and may suffer from addictions and psychological issues and may have been incarcerated at times in their lives. St. Ursula Academy's and St. John's Jesuit High School's only responsibility is to make reasonable efforts to contact me and seek appropriate care for my child should the need arise.

I represent that my child has had such medical physical examination as I deem necessary to assure that he/she is physically able to participate in this activity and that I have disclosed to the school such medical information as I deem appropriate. I acknowledge that my child's medical authorization form is on file and is up-to-date, listing all known medical conditions and medications. I also understand that my child must adhere to all safety rules and regulations or be excluded from participation in this activity.

I and my child, in consideration of being permitted to participate in this activity, assume all the risks associated with participation in this activity, and specifically release, discharge, indemnify and hold harmless St. Ursula Academy and St. John's Jesuit High School, and their officers, directors, members, employees, agents, assigns, volunteers, constituents, and/or any other persons, parties, or personnel affiliated with St. Ursula Academy and St. John's Jesuit High School connected with this activity in any way whatsoever, jointly and severally, from and against any and all blame or liability (including negligence) for any injury, illness, misadventure, harm, loss, inconvenience or damage to person or property sustained as a result of taking part in this activity and all activities and events associated with it, including travel to and from this activity.

I understand that school rules of conduct, as set forth in the Student Handbook, apply throughout this activity and that if my child does not comply, I will be required to make arrangements, at my expense, to return my child home.

Parent Signature:

\_\_\_\_\_

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

Student Signature:

\_\_\_\_\_

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