

Release and Indemnity of Liability

Dear Parents,

Both Victory Ranch and St. Mary's require release of liability forms for retreats. Below, you will be asked to sign in two places: (1) the Victory Ranch release and (2) the St. Mary's release.

Group Name: St. Mary's Episcopal School

Participant's Name: _____

Participant's Address: _____

Participant's parent/guardian: _____

Parent/guardian Telephone Number: _____

THE UNDERSIGNED, being the parent/guardian of the above Participant herein agrees to release and indemnify the Victory Ranch, its affiliates, employees and agents from any and all claims, actions, liabilities, damages, costs, expenses, attorney's fees which may arise out of the Participant's participation in any and all activities at the Victory Ranch.

Dated: _____

Parent/Guardian Signature

Printed Name

As a student at St. Mary's School ("SMS"), my child/ward ("child") might attend and/or participate in US related and/or sponsored activities, both on and off campus. These activities include, without limitation, field-trips, class trips, athletic events, club activities, band trips, etc. (collectively "field-trips"). I understand that there are risks associated with field trips, including the risk of serious injury or even death.

For good and valuable consideration, including my child's ability to attend and/or participate in field trips, the undersigned agrees to release, hold harmless, and indemnify SMS, its administration, teachers, staff, approved drivers and chaperones from and against all demands, claims, causes of action, fines, damages, losses, liabilities, judgments, and expenses, of any kind whatsoever, including those for reasonable attorney fees, that are or are alleged to be incurred by or caused by me or my child, even if caused by the negligence of those released herein. The terms of this Release and indemnification apply to all times and events arising from or related to the field trips, including transportation to and from field trips.

By signing below, I affirm that I am the parent and/or legal guardian of the student indicated and have authority to sign this Release and Indemnification.

I HAVE READ THIS RELEASE AND INDEMNIFICATION. I UNDERSTAND AND AGREE TO ITS TERMS.

Dated: _____

Parent/Guardian Signature

Printed Name

St. Mary's Episcopal School

Non – Prescription Medication Form

Student's Name _____ Grade/Teacher _____
First MI Last

Physician's Name _____ Physician's Telephone Number _____

Important, please READ:

1. **You must supply all over-the-counter medications you want your child to receive at school.**
 (This includes pain relievers, antacids, allergy meds, etc.)

2. All medications must be:

- In the original container
- Labeled with your daughter's name and grade
- Directions clearly legible
- This form must be completed and on file with the medication(s)

List all **Non-Prescription** medication(s) you are providing for your daughter:

Medication	dosage/instructions	amount in container
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Medication	dosage/instructions	amount in container
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Medication	dosage/instructions	amount in container
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If you want your child to wear sunscreen and/or insect repellent during outside play, please send it to school in the original container, marked with your child's name and teacher.

Sunscreen: _____ Times: _____

Insect Repellent: _____ Times: _____

The undersigned hereby certifies that the cooperation of the school personnel in assisting with this medication is necessary in order to permit the student to maintain regular school attendance.

The undersigned agrees to release, indemnify and hold harmless St. Mary's Episcopal School, its employees, school nurses, or representatives from any claim, liability or expense arising out of or in any way connected with the giving or failure to give prescribed medicine to my daughter. This release and indemnity agreement includes claims based on alleged negligence on the part of St. Mary's Episcopal School, school nurses or its employees.

In addition, I agree that it is my responsibility to inform the St. Mary's school nurses, in writing, of any change in medication and/or its distribution to my child.

The undersigned hereby certifies that he/she has full and complete authority to sign this form on behalf of this student.

 Signature of Parent/Guardian Date

Returned Medication:

Medication: _____ Amount: _____

Parent receiving returned medication: _____ Date: _____

Staff releasing medication: _____ Date: _____

