

**PERMISSION SLIP FOR OUT OF TOWN/OVERNIGHT TRIPS
Parent/Legal Guardian Consent and Liability Waiver**

Dear Parents of Notre Dame Preparatory:

As a member of the:

your son/daughter may participate in a trip to:

on (Start Date): through (end date):

The Designated chief supervisor is:

Participants will depart by:

| Depart Date | From | To | Time | Airline | Flight# |
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If you wish to have your son/daughter participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

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PERMISSION FORM

If you desire your son/daughter/individual under your guardianship to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by**

I, the parent of _____ request that Notre Dame Preparatory High School and the Diocese of Phoenix allow my son/daughter to participate in the _____ trip described above. I give permission for my son's/daughter's participation in said trip. In consideration for my son's/daughter's participation, I hereby release and save harmless Notre Dame Preparatory High School, Diocese of Phoenix, its agents or any sponsors or benefactors of said trip from any and all liability for any and all injury. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Notre Dame Prep _____, Diocese of Phoenix, staff, volunteers and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment. As parent and/or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. I understand that my son/daughter will be under the supervision of the designated school personnel and chaperons on the stated dates and that all school rules will be in effect. I understand and agree that, if my son/daughter violates any school rule regarding alcohol or drugs or is involved in any criminal activity, he/she will be sent home unaccompanied at my expense.

