

SENIOR ACTIVITIES PARENT PERMISSION FORM 2022

Note: All students must have a parent-signed permission form on file to attend one or both events. This form must be returned to Ms. Barrera on or before May 19.

I/We hereby authorize my son ______ to participate in the school sanction field trip to:

- Saturday, June 4 Knott's Berry Farm Grad Event
 Time: 9:00 a.m. 11:00 p.m. with Servite chaperoned dinner and raffle from 5 p.m. 8 p.m. in the Knott's Berry Farm Boardwalk Ballroom
- □ My son will not attend the Knott's Berry Farm Grad event (Opt-out)
- □ Thursday, May 31st Dave & Busters Senior Activity Time: 10:00 a.m. – 1:00 p.m.
- □ My son will not attend the Dave & Busters Grad event (Opt-out)

Mode of Transportation

Parent/Guardian
 I accept full responsibility to arrange for transportation for my son to and from each event

_____ (Parent Initial)

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned hereby releases, waives, discharges, and covenants not to sue Servite High School, the school's officers, employees, board members, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned, while the undersigned participates in a field trip or during an activity sponsored by Servite High School.

The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the participation of the undersigned in the athletic program, field trip, or excursion, sponsored, planned and directed by Servite High School.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage while participating in the athletic program, field trip, or excursion, sponsored, planned, and directed by Servite High School.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

RELEASE AND AUTHORIZATION FOR MEDICAL CARE

I/We, the parent(s) (guardian) of the above-named student, hereby, give my/our permission for his participation in the activity above. I/We are not aware of any medical condition of my child which would prevent or limit his participation in the activity except those listed below.

I/We give my/our consent and understand that this field trip is sponsored by Servite High School and that all students and chaperones are expected to abide by all Servite High School policies. I/We agree to direct my child to cooperate and conform to the directives and instructions of the supervisory personnel in charge of the activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this field trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his participation in the above-named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of your family.

If the above-named student needs emergency treatment, he/she will be transported to the nearest medical facility by school personnel, trainers, or paramedics. Consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. Further, I understand that according to school policy all students must be covered by secondary insurance, (provided through the student body fee). The school does not assume responsibility for payment of a physician, hospital, medical, or dental fees of any kind.

Parent/Guardian Signature:	Student Signature:
Students Date of Birth:	Parent Home Phone:
Parent Business Phone:	Parent Cell Phone:
Medical Insurance Company Name:	Medical Insurance Policy #:
Doctor's Name:	
Allergies/Medical Problems/Disabilities (Medication)	:
Emergency Contact Person:	
Relationship	
Cell or Home Phone:	

SERVITE HIGH SCHOOL STUDENT BEHAVIOR EXPECTATIONS

In order to ensure that these Senior Events are a positive experience for all involved, I understand and agree to the following while I am participating in these experiences:

- 1. During these events, I realize that I am a representative of Servite High School, at all times. I will observe the rules of Servite High School as a guideline for appropriate behavior. My language and actions will reflect the Catholic values and mission of Servite High School at all times.
- 2. I will cooperate and abide by the rules/guidelines of chaperones, event hosts, groups and/or designated agencies.
- 3. I understand that possession and/or use of alcoholic beverages, illegal drugs or tobacco is forbidden.
- 4. I will dress appropriately for all activities.
- 5. I will be expected to make restitution for any incurred damage to property or persons, at school or any of the activity locations, accidental or otherwise.

I understand that if any of the above is jeopardized by my behavior, my parents will be notified and I will be at risk of being sent home immediately and may not be able to participate in any remaining Senior Week activities.

Student Signature:

Date:

Parent Signature:

Date: