

VILLA MARIA ACADEMY  
370 Old Lincoln Highway, Malvern PA 19355 (610) 644-2551 Fax (610) 644-2866

### FIELD TRIP PERMISSION FORM

Sponsoring Group: Villa Maria Academy

Sponsoring Moderator: Student Council

Occasion Anchor Day Date: August 25, 2022

Location : Villanova University

Method of Transportation : Bus

Time Leaving VMA: 8:15am Program/ Event Time: ALL DAY

Estimated Return Time to VMA: 2:15pm

I understand that participating in an off-campus activity is a privilege and that I am representing Villa Maria Academy. I agree to abide by the policies of the school and of the sponsoring moderator.

\_\_\_\_\_  
**Student's Name (please print)**

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My daughter has my permission to attend the field trip described above. This permission includes all related programs and events associated with this field trip. I waive the school of responsibility in the event of accident and/or injury.

Also, as a parent or guardian, I authorize the treatment of my daughter by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
**Parent or Guardian's Signature** Date

\_\_\_\_\_(Home Phone) \_\_\_\_\_(Work Phone) \_\_\_\_\_(Emergency Phone)

Family Physician : \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions:

\_\_\_\_\_

Insurance: \_\_\_\_\_

Identification # \_\_\_\_\_ Group #: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

APPENDIX B  
 VILLANOVA CHALLENGE COURSE  
 RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

Participant's Name: _____	Parent/Guardian Name: _____
Participant's Address: _____	
Effective Date: _____ (Today's Date)	Event Time & Date: <u>Aug. 25, 2022 9:00am-1:30pm</u> Rain Date Time & Date: <u>N/A</u>
Company: <u>Villa Maria Academy</u> <i>Full Legal Name</i>	

Participant has voluntarily chosen to participate in the Villanova Challenge Course, which includes without limitation a low ropes course and physical obstacles and challenges to take place at Villanova University ("University") on the Event Date ("Activity"). Participant understands and agrees that there may be health and safety hazards (including, without limitation, falling; slipping; tripping; crashing, colliding, and/or contact with ropes, harnesses, and other equipment, buildings, other individuals, the ground, and/ or objects on or around the course; exposure to communicable and/ or contagious viruses, infections, diseases, illnesses, epidemics, or pandemics (including without limitation COVID-19) and transportation accidents and dangers inherent to travel to unfamiliar neighborhoods) and risks of personal injury that may range from minor injuries (such as scratches, bruises, cuts, sprains, and strains; dental or mouth injuries) to major injuries (such as muscle, joint, ligament, tendon, bone, back, eye (including blindness), or ear (including deafness) injuries; heart attacks; strokes; concussions) to catastrophic injuries (such as serious head or spinal injuries and paralysis); temporary to long-term autoimmune conditions, health effects, symptoms, syndromes, and conditions; death; and/ or property damage associated with the Activity, and Participant knowingly assumes such risk.

Participant understands that the University's property insurance only covers property that is owned by the University. Participant further understands that the University's property insurance does not cover damage to or theft of Participant's personal property. Participant accepts all risks of personal property damage or theft of personal property related in any way to the Activity and understands that the University will not be responsible for such damage or theft.

Participant certifies that Participant has no medical condition, including symptoms of COVID-19 or testing positive for COVID-19 within 10 days of the participation in the Activity, that would preclude or restrict Participant's participation in the Activity or increase the risk to Participant or other participants participating in the Activity, and that Participant has adequate health insurance protection to cover the expense of any unforeseen accident or injury. Participant understands that the University does not carry insurance that would respond to any injury sustained by Participant during the Activity. In addition, the University is not responsible for any medical bills, including without limitation copays and deductibles, the Participant may incur in conjunction with Participant's participation in the Activity. Subject to ADA requirements, Participant recognizes that the University is not obligated to attend to any of Participant's medical or medication needs, and Participant assumes all risk and responsibility therefore. Participant agrees to only participate in the Activity for the length of time that Participant is comfortable, can accomplish safely, and is within Participant's ability and skill level. Participant will immediately end participation and seek medical attention if Participant becomes injured or ill during the Activity.

Participant will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Activity. Participant authorizes the University, at the University's sole discretion, to administer to or seek for Participant first aid and other emergency medical services, (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR), defibrillation, and transportation to a hospital). However, Participant acknowledges

Participant's Name: \_\_\_\_\_ Participant's Initials: \_\_\_\_\_ Parent/ Legal Guardian's Initials (if applicable): \_\_\_\_\_

that representatives of the University may not be present or may not elect or be able or competent to administer or seek such aid, services, or transportation.

Participant will engage in the Activity in a prudent and cautious manner. Participant hereby covenants and agrees not to (i) act in any way which shall interfere with the lawful running or operation of the Activity or equipment used in connection with the Activity or (ii) engage in any harmful conduct or willfully or negligently engage in any type of conduct which contributes to or causes injury to any person. Participant understands and agrees that Participant shall abide by: (i) all policies, rules, and regulations of University and (ii) all rules, directions, and precautions issued by University or its representatives, by any associated individuals, institutions, or organizations, the Commonwealth of Pennsylvania, or by the United States Government. Participant will wear appropriate attire and protective equipment.

Participant grants permission for the use of and hereby fully releases the use of Participant's image in any photographs, recording (including video and/or sound), or other media containing Participant's image ("Images") made in connection with the Activity to the University. The Images may be used without restriction for the benefit of the University in any and all publications or media, in any form, including on any of the University's web sites or social media sites, without further consideration, and Participant acknowledges the University's right to so use the Images at its discretion. Participant understands that all rights to the Images belong exclusively to the University including, without limitation, the exclusive right to print, publish, display publicly, distribute and sell drawings or prints of the Images throughout the world and the exclusive right to license, sell, distribute or otherwise dispose of the following rights in the Images: publication and sale of the Images in clothbound and paperback books; publication and sale of the Images in cards, posters, pictures, brochures, dramatic, motion picture, video, DVD (sight and sound), broadcast (television) and electronic, mechanical or visual reproduction rights (including intranet, internet, microfilm and computer) and admissions materials; and any and all future and other rights not specifically enumerated for the benefit of the University. The above statement of release also covers the use of any quote and/or testimonial given by Participant during or about the Activity.

In consideration of participating in the Activity, in full recognition and appreciation of the dangers and hazards inherent in participating in the Activity, Participant hereby agrees to assume all of the risks and responsibilities surrounding participation in the Activity. Further, PARTICIPANT, FOR PARTICIPANT'S SELF, HEIRS, AND PERSONAL REPRESENTATIVE(S), HEREBY AGREES TO DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE THE UNIVERSITY, ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND ACTIONS OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY, LOSS OF PERSONAL PROPERTY, OR PERSONAL ILLNESS OR INJURY, INCLUDING DEATH, WHICH MAY RESULT FROM SUCH PARTICIPATION IN THE ACTIVITY, INCLUDING CLAIMS BASED UPON THE NEGLIGENCE OF THE UNIVERSITY (WHETHER CHARACTERIZED AS NEGLIGENCE OR GROSS NEGLIGENCE), ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, AND STUDENTS.

Participant certifies Participant has read and understands the above statements and that they are true and accurate, and that the signing of this Release, Indemnification, and Hold Harmless Agreement is completely voluntary.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in ink if Participant is 13 years of age or older. Typed signatures are not acceptable.)

Participant's Emergency Contact Printed Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Participant's Emergency Contact Phone Number: \_\_\_\_\_

*If Participant is under the age of 18 years, signature of parent or legal guardian is required.*

Parent/ Legal Guardian's Printed Name: \_\_\_\_\_

Parent/ Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in ink. Typed signatures are not acceptable.)