EarthCorps Waiver Form

All students & parents must complete

ARCHDIOCESE OF SEATTLE
ATHOLIC SCHOOLS

FIELD TRIP
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Best Daytime Phone: _____ Cell Phone: _____

e-mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's Name) _____, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from Kennedy Catholic High School
(Name of Organization)

A brief description of the activity follows:

Type of event: SOPHOMORE SOLIDARITY RETREAT - dress for weather and service in park

Location of event: KENNEDY CATHOLIC & LINCOLN PARK - closed toe shoes, long pants/shirt

Individual(s) in charge: MR. LATVALA and EARTHCORPS STAFF - refillable water bottle w/name

Date and time of departure: FRI., SEPT 25, 2026 @8AM Return: 2:30pm (back at KCHS by 1:30)

Mode of transportation to and from event: Kennedy Catholic Bus Transportation

Cost: $0 - BBQ lunch will be provided. Complete EarthCorps registration & waiver by Fri, 9/18

Effective January 1, 2020
- Children under age 2 must be properly secured in a rear-facing car seat,
- Children ages 2-4 must be properly secured in a car seat with a harness which may be either rear facing or forward facing,
- Children ages 4 and older and less than 4'9" tall must be secured in a booster seat with seat belt (or continue in harness seat).
- Children over height 4'9" must be secured by a properly fitted seat belt (typically starting at 8-12 years old).
- Children under age 13 required to ride in the back seat when practical to do so.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Organization) Kennedy Catholic High School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

COMPLETED SIGNED PERMISSION SLIPS NEED TO BE RETURNED TO CAMPUS MINISTRY (A130/A133) ON OR BEFORE FRIDAY, 9/18

Participant's Name: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The organization will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations– date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: