

# Friends of the Poor Walk Permission Form



Date: **September 28<sup>th</sup> 2019** Location: One mile up and down Main Street, Stoneham

**Time of departure** from Saint Patrick's main rear parking lot: **9:00 a.m.**

**Time returning** to Saint Patrick's main rear parking lot: **10:00 a.m.**

**Special Instructions:** Children in Grades 1-4 must be accompanied by a parent. ***This waiver is only for children in Grade 5 or above who will be walking without a parent.*** Please do not bring any valuable items with you. **Wear a blue or white top and walking shoes.**

### *Medical Authorization, Indemnification and Waiver of Liability*

In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

- a.) Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law;
- b.) Agree to defend, indemnify, and hold harmless the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event; and
- c.) Waive and release forever the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Student Name: \_\_\_\_\_ has permission to attend a field trip to \_\_\_\_\_ on \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Carrier Name and Policy No.: \_\_\_\_\_

Important Medical Information About Your Child (allergies, etc.):

---

---