

**Episcopal Day School of Christ Church Parish**

**Off Campus Field Trip and Activity  
Permission Form 2020-2021**

Throughout the school year, students attending Episcopal Day School, a division and mission of The Church Wardens and Vestrymen of Christ's Church in Pensacola, Inc., a Florida non-profit corporation (the "School") will have the opportunity to participate in various off-campus activities. In order for students to be eligible to participate in off-campus activities, this Continuing Agreement, Waiver, and Release must be executed by the student's parent or legal guardian and returned to the School prior to the student's participation in any off-campus activities. In addition, this Continuing Agreement, Consent, Waiver, and Release will apply to each of the off-campus activities in which the student engages in the same way as if the parent/legal guardian had executed a separate release for each activity. The Continuing Agreement, Waiver, and Release will remain effective for the remainder of the school year unless and until the parent/legal guardian withdraws it by providing the school with a separate written document notifying the School of the withdrawal. In the event of withdrawal, the student will no longer be eligible for participation in any future off-campus activities during the school year. In executing this Continuing Agreement, Waiver, and Release, I acknowledge and agree to the following:

1. I/We certify that I/we am/are the parent(s) and/or legal guardian(s) of \_\_\_\_\_ ("Student") and understand that this Continuing Agreement, Waiver and Release is given in a material inducement for the School to allow my child to participate in off-campus activities.
2. I/We give permission for Student to participate in various off-campus activities during the School year, and understand that the participation of Student in such off-campus activities involves a certain element of risk, including serious injury and, although unlikely, the possibility of death. I/We am/are comfortable in assuming full and complete responsibility for, and risks, of death, personal or bodily injury, disability, and/or property damage resulting from, in connection with, or in any way related to, Student's participation in off-campus activities.
3. I/We authorize the School, at its discretion and my/our expense, to obtain medical service, surgical care, or treatment for Student in the event of an emergency during his/her participation in off campus activities. This authorization is given with the understanding that the School will attempt to notify the Student's Parent/Guardian or emergency contact in the event of an emergency. I/We confirm that it is my/our desire that Student be furnished with such medical care, surgical care or treatment services as soon as reasonably possible after the need arises. I/We hereby release and hold the School harmless from any liability which might arise from the giving of such consent. I/We agree to reimburse the School for any medical expenditure made on Student's behalf.
4. I/We also agree that Student is expected to abide by all School rules and direction from faculty, administrators, coaches, volunteers, or chaperones during such off campus activities and that Student's failure to do so will be justification for termination of participation in the off campus activity and Student will be sent home at his/her Parent/Guardian's expense without refund for the payment made to participate in the off campus activity (if any). I/We further agree that Student will abide by the Student Guidelines for each respective off campus activity.

5. I/We release and waive (individually and on behalf of Student) any claims against the Episcopal Day School, a division and mission of The Church Wardens and Vestrymen of Christ's Church in Pensacola, Inc., The Church Wardens and Vestrymen of Christ's Church in Pensacola, Inc., and their officers, directors, trustees, shareholders, owners, managers, partners, employees, staff, volunteers, chaperones, agents, and supervisors and their successors and assigns (collectively the "Releasees") arising from any injury, loss, or damage resulting from Student's participation in any off-campus activity, including (a) claims for injuries, loss, or damage arising from any act or omission by the School, its employees or agents, or by any transportation service, hotel, restaurant, or any other person or entity providing goods or services in connection with the activity; (b) claims or liability for the reasonable decisions or actions taken by the School, its employees or agents, to protect the health and safety of my child; (c) claims or liability resulting from the School, its employees or agents providing health care services deemed reasonably necessary under the circumstances. I/We also agree to indemnify the Releasees for all injury, loss, or damage that Student may cause to School property or to the property of third parties.

In the event that this Release and Waiver is found to be invalid, unenforceable, or void, in whole or in part, for any reason, then I/we acknowledge and agree that in no event, including, without limitation, the negligence or gross negligence of the Releasees, or any of them, shall the Releasees' aggregate liability to me/us or any other person exceed any applicable insurance limits, and in no event shall Releasees, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releasees have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

Notwithstanding any provision herein to the contrary, this Release and Waiver does not release, is not intended to release, and does not in any way apply or relate to the release and/or discharge of any claims Releasors may have against any person and/or party other than the Releasees.

I/We have read this Continuing Agreement, Waiver, and Release and agree to each of its terms. I/We understand that I/we will be provided with information regarding each of the off-campus activities in which Student will participate. I/We also understand that I/ We will need to provide consent for Student to participate in each such activity.

By: \_\_\_\_\_ By: \_\_\_\_\_  
Student's Name: Print Name Signature of Student (if 18 or over)

By: \_\_\_\_\_ By: \_\_\_\_\_  
Parent/Guardian: Print Name Parent/Guardian: Signature

By: \_\_\_\_\_ By: \_\_\_\_\_  
Parent/Guardian: Print Name Parent/Guardian: Signature

**Please fill out the Allergy and Emergency Contact Info. on the next page.**

Allergies, special dietary needs, and other IMPORTANT medical notes:

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Parent Names:

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Address:

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Telephone number(s) where I can be reached:

1<sup>st</sup> Try: \_\_\_\_\_ 2<sup>nd</sup> Try: \_\_\_\_\_

3<sup>rd</sup> Try: \_\_\_\_\_ 4<sup>th</sup> Try: \_\_\_\_\_

Medical insurance information: \_\_\_\_\_

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_