

NOTRE DAME-CATHEDRAL LATIN SCHOOL
SENIOR CAREER EXPERIENCE
FIELD TRIP REQUEST AND RELEASE

Date: _____

To: Mr. Joseph Waler, Principal

I am the _____ of _____
(Indicate Father, Mother, or Guardian) (Name of Student)

a 12th grade student at Notre Dame-Cathedral Latin School ("the School"), and I hereby request permission for the above-named student to participate in the Senior Career Experience at:

(Name of Business/Organization Selected by Student)

on **May 21, 24, 25, and 26, 2010**, for a period of **six hours per day**, for a **total of 24 hours**, and I consent to the student's participation in such a field trip. I understand that the student will get to and from the above designated location of the Senior Career Experience via **personal transportation**.

In consideration of the student's being allowed to participate in the Senior Career Experience, on behalf of the student and for myself: (a) I agree that the student and I assume all risks in connection with the field trip; (b) I fully release the School and the Sisters of Notre Dame of Chardon, Ohio and its members, employees, volunteers, agents, heirs, or assigns, from any liability whatsoever for any injury to or death of the student and for any liability whatsoever for any damages incurred by the student and/or me during or arising out of the student's participation in the Senior Career Experience, including all risks connected therewith, whether foreseen or unforeseen; and (c) I agree to save and hold harmless the School and the Sisters of Notre Dame of Chardon, Ohio and its members, employees, volunteers, agents, heirs, or assigns from any claim by the student, myself or the student's heirs, executors, administrators, personal representatives or assigns arising out of the student's participation in the Senior Career Experience.

I fully understand what is involved in the field trip and I acknowledge that I have the opportunity to call the Counseling Department to ask for further information about the Senior Career Experience.

Phone: _____

(Parent/Guardian's Signature **REQUIRED**)

Date: _____

(Signature of Student if 18 years or older)

NOTRE DAME-CATHEDRAL LATIN SCHOOL

**CONSENT TO PARTICIPATE IN PROGRAM
AND**

RELEASE OF CLAIMS FOR PROGRAM-RELATED DAMAGES, INJURIES OR DEATH

I, _____,

residing at _____,

make the following statements, acknowledgements, agreements and consent:

1. I am the parent and/or legal guardian of _____, a person under the age of 18 and/or my dependent (hereinafter called the "Participant"), who resides at _____.
2. I understand that Notre Dame-Cathedral Latin School are offering a _____ (hereinafter called the "Program") during the period _____ 20 ____ to _____ 20 ____.
3. I understand that Notre Dame-Cathedral Latin School will provide adult supervision for the Program, but cannot provide twenty-four hour a day surveillance or guarantee the absolute safety of the Participant. I understand that the Participant is responsible for his/her conduct and his/her own safety during the Program. I further understand that the Participant is responsible for obeying all the rules of the Program, including but not limited to the following:
 1. The Participant will not smoke at any time during the Program;
 2. The Participant will not engage in any coed visitation and the Participant will not have any visitors, other than other participants from Notre Dame-Cathedral Latin School, in the Participant's room at any time during the Program;
 3. The Participant will not use, or have in his/her possession for any purpose whatsoever, alcoholic beverages or illegal drugs;
 4. At the beginning of the Program, the Participant will submit to a chaperone a written list of all medications in the Participant's possession.
 5. The Participant will be in his/her room at all times stipulated by the chaperone;
 6. The Participant will not go anywhere alone or without personally notifying the chaperone;
 7. The Participant will be sensible, cooperative and obedient to all chaperones in the Program;
 8. The Participant will be punctual for transportation, tours, meals, curfew and all other Program activities;
 9. The Participant will dress appropriately at all times and abide the by the decision of the chaperone with regard to inappropriate attire; and
 10. The Participant will obey such other rules as the chaperones may from time to time require.

I understand and agree that if the Participant does not observe the rules set forth above, the chaperone will call me (collect) regarding the Participant's conduct. In the event of repeated violations or serious infractions of any of the rules set forth above, I understand and agree that the chaperone has the right, in his or her discretion, to send the Participant home before the end of the Program at my expense.

4. I state that the Participant is in good health and is in proper medical fitness and condition to participate in the Program. I expressly give my permission for the administration of any emergency medical treatment to the Participant deemed necessary by a licensed physician or dentist and have signed the attached Authorization for Medical Treatment. I also agree and acknowledge that I am responsible for emergency expenses which may be incurred by the Participant during or arising out of the Participant's participation in the Program, including transportation and medical treatment.
5. I understand and consent that the Participant will participate in free time activities described on the schedule of the Program, and I understand that I am responsible for any expenses in connection with such activities.
6. I am aware of the risks involved and of my and the Participant's responsibilities under this Consent and Release and I hereby consent to the Participant's enrolling and participating in the Program sponsored by NDCL.
7. In consideration of the Participant's being allowed to enroll and participate in the Program, on behalf of the Participant and for myself, (a) I agree that the Participant and I assume all risks in connection with the Program, (b) I fully release NDCL, the Sisters of Notre Dame of Chardon, Ohio, and their members, employees, and volunteers from any liability whatsoever for any damages incurred by the Participant and/or me during or arising out of the Participant's participation in the Program, including all risks connected therewith, whether foreseen or unforeseen, and (c) I agree to save and hold harmless NDCL, the Sisters of Notre Dame of Chardon, Ohio, and their members, employees and volunteers from any claim by the Participant, myself or the Participant's heirs, executors, administrators, personal representatives, or assigns arising out of the Participant's enrollment and Participant's enrollment and participation in the Program.
8. I have carefully considered the nature of the Program and completely understand what is involved in the program. I have fully informed myself of this Consent and Release by reading it and I understand the terms herein are contractual and not mere recitals.

IN WITNESS WHEREOF, I have executed this Consent and Release on this

Date of _____, 20 _____.

Parent and/or Legal Guardian

Parent and/or Legal Guardian

CONSENT OF THE PARTICIPANT

I have read the above Consent and Release signed by my parent(s) and/or legal guardian(s) and join in such Consent and Release. I am aware of the risks involved in the Program. I agree to observe the rules set forth in Paragraph 3 of the Consent and Release.

Participant