



PARENTS... KEEP THIS PAGE

FUN DEPOT Permission Form REQUIRED for all children!

Please be ON-TIME when dropping off and picking up your children at;

**Drop Off
6:45 PM**

**Fun Depot Arcade
10th Avenue North
Lake Worth, FL
Just WEST of Rt. 95**

**Pick Up
8:55 PM**

Parents MUST COME INSIDE

**at 8:55 pm SHARP
to pick-up your children
AT THE SNACK BAR AREA.**

**PLEASE
DO NOT
BE LATE**

**You MUST
SIGN
CHILDREN
OUT at
Snack Bar
w/SULLY**



**Diocese of Palm Beach
Field Trip Consent and Release**

Fun Depot Arcade
10th Avenue North, Lake Worth, FL
Wednesday, July 24, 2019 - 7:00 – 9:00 pm
\$15 pp = 1 hour games, 2 activities, pizza, soda
(CASH ONLY, BRING CORRECT CHANGE)
Parents MUST COME INSIDE for 9pm pickup

Name of Participant: _____ Cell Phone (____) _____

Name of Parent/Guardian: _____ Cell Phone (____) _____

Address and Telephone Number of Parent/Guardian:

Address: _____

City: _____ State: _____ Zip: _____ Home Phone (____) _____

Emergency Contact Information (include telephone number and address):

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Description of Field Trip/Activity:

Fun Depot Arcade, Wednesday July 24th, 7:00 – 9:00 pm
PARENTS must drop off and pick up teens ON-TIME please

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold St Luke Catholic Church, Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I

authorize Sponsor at its discretion, to place me at my own (or my parents, or my guardians) expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the Parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of student participant: _____

Name: _____

Please Print

Date: _____

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian: _____

Name: _____

Please Print

Date: _____



Photograph and/or Videotape Consent & Release



I hereby grant to Sponsor the right to photograph and/or videotape my participating child, and further to use my child's FIRST NAME ONLY, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my child's name, face, likeness, voice and appearance.

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Name of Child: _____ Age of Child _____

Signature of parent/guardian: _____

PRINT Name: _____ Date: _____

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### **MEDICAL INFORMATION...**

*Does your participating child have any disability or illness known to you?* \_\_\_\_ YES \_\_\_\_ NO

***If YES, please explain in detail:*** \_\_\_\_\_

### **MEDICATION...**

*Is your child currently taking any medication?* \_\_\_\_ YES \_\_\_\_ NO

*Does St Luke Chaperone Staff need to administer any medication?* \_\_\_\_ YES \_\_\_\_ NO

***If YES to either question, please explain;***

### **ALLERGY INFORMATION...**

*Does your participating child have any known FOOD or OTHER "Allergies" ?* \_\_\_\_ YES \_\_\_\_ NO

***If YES, please explain in detail:*** \_\_\_\_\_