



PERMISSION FORM

Tigers in the City - Sophomore Service Retreat

I request that Saint Xavier High School allow my son/ward, \_\_\_\_\_, student ID \_\_\_\_\_, to participate in the voluntary retreat named below.

RETREAT NAME AND DATE: Tigers in the City - Sophomore Service Retreat on \_\_\_\_\_

TRANSPORTATION AND LOCATIONS: St. X will be providing transportation for this event via school bus, to and from the retreat locations. Students will be accompanied by adult supervision.

- Harbor House @ 2231 Lower Hunters Trace 40216 1/24, 2/28
• Kling Center @ 219 West Ormsby Avenue 40203 1/24, 2/7, 2/28
• Franciscan Kitchen @ 748 S Preston St, Louisville, KY 40203 1/24, 2/7, 2/28
• Casa Latina @ 230 Woodbine Street, Louisville, KY, 40208 2/7, 2/28

RELINQUISHMENT OF CLAIMS AGAINST SAINT XAVIER HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks in my child's/ ward's presence and participation in the school sponsored activity. I agree to indemnify, hold harmless, waive and relinquish any and all claims for personal injury or property damage I or my son/ward may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, in connection with the activity my child/ward participates including claims for negligence against Saint Xavier High School.

RELINQUISHMENT OF CLAIMS AGAINST SAINT XAVIER HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks associated with my child's/ ward's presence and participation in the school sponsored activity, including, but not limited to, exposure to COVID -19. I agree to indemnify, hold harmless, waive and relinquish any and all claims for illness, personal injuries or property damage I or my son/ward may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, or in connection with the activity in which my child/ward participates, including claims for negligence against Saint Xavier High School.

PERMISSION FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT

In case of any medical emergency, I authorize Saint Xavier High School agents, employees, representatives or volunteers to determine, arrange for, or provide appropriate transportation to a medical facility. I understand that every effort will be made to contact the parent or guardian of the child in need of medical care. In the event that I cannot be reached, I hereby give permission to the physician or other health care provider to secure any and all treatment deemed necessary for the wellbeing of my child/ward.

Parent/guardian name, print \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact information:

mother: day phone \_\_\_\_\_ cell phone \_\_\_\_\_ evening phone \_\_\_\_\_

father: day phone \_\_\_\_\_ cell phone \_\_\_\_\_ evening phone \_\_\_\_\_

Insurance information:

Insurance Carrier name \_\_\_\_\_ Member name \_\_\_\_\_ Member ID \_\_\_\_\_ Group ID \_\_\_\_\_

You have my permission to give my son/ward ibuprofen pain reliever (common brand, Advil) if requested. (circle one) Yes / No

You have my permission to give my son/ward acetaminophen pain reliever (common brand Tylenol) if requested Yes / No

Parent(s), please list any medical conditions that you would like the retreat director to be aware of while your son is on retreat. Include any allergy information. All prescription medications must be in its original packaging.

### WAIVER AND RELEASE FROM LIABILITY

The undersigned acknowledges for himself/herself and their student that participation in retreats conducted by Saint Xavier High School ("St. X") is completely voluntary. Further, the undersigned acknowledges that he/she has discussed with the student the risks of being exposed to COVID-19 by voluntarily participating in St. X retreats whether on campus or at other locations, and that he/she and the student nevertheless freely choose to allow such participation and hereby assume any and all risk that the student and/or the undersigned may be exposed to COVID-19 at any St. X retreat event and/or meeting, or any other gathering sponsored by or under the supervision of St. X.

The undersigned further acknowledges that at any of the above-described retreat events or gatherings, I or my student may suffer illness, including, but not limited to, COVID-19, personal injury, disability, pain and suffering, death, damages and/or losses. **I, INDIVIDUALLY AND ON BEHALF OF MY STUDENT, HEREBY FREELY, VOLUNTARILY AND EXPRESSLY WAIVE, RELEASE, DISCHARGE, INDEMNIFY AND AGREE NOT TO SUE ST. X, ITS EMPLOYEES, REPRESENTATIVES OR AGENTS, AND HOLD THEM HARMLESS FROM ANY NEGLIGENCE ON THE PART OF ST. X, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS CAUSING ANY ILLNESS, PERSONAL INJURY, DISABILITY, PAIN AND SUFFERING, DEATH DAMAGES, LOSSES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES RESULTING FROM EXPOSURE TO COVID-19 WHICH MAY ARISE, DIRECTLY OR INDIRECTLY, FROM THE STUDENT'S PARTICIPATION IN ANY ST. X RETREAT PROGRAM, OR ANY OTHER GATHERING SPONSOERED BY OR UNDER THE SUPERVISION OF ST. X.**

I have had reasonable opportunity to read and understand this Waiver and Release from Liability and consult with legal counsel or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all of the terms set forth herein.

STUDENT'S NAME: \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN(S) NAMES: \_\_\_\_\_

Print Name

\_\_\_\_\_  
Print Name

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURES: \_\_\_\_\_

DATE: \_\_\_\_\_