



# Bourgade Catholic High School

## COLLEGE PREPARATORY

### OFF-CAMPUS PERMISSION FORM

I, the parent/guardian of \_\_\_\_\_ (the "Student") request that Bourgade Catholic allow the Student to participate in the following off-campus activity:

Description of Activity: Fan Bus trip for Girls Basketball Quarterfinals Game

Date of Activity: Monday, February 21, 2022

Destination: Findlay Toyota Center 3201 N. Main St. Prescott Valley

Person in Charge: Mrs. Flores-Hull

Estimated Departure & Return Times: BUs departs at 12:00 pm and returns between 5:30-6 pm

Mode of Transportation: Charter Bus

I give permission for the Student's participation in this activity. As Parent/Legal Guardian, I remain fully responsible for any legal responsibility resulting from any personal actions taken by the Student. I understand that the Student will be under the supervision of the designated school personnel and chaperones and that all school rules will be in effect.

In consideration for the Student's participation, on behalf of myself, the Student and our heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless the School, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

I represent and certify that I, as parent/guardian of the Student, have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Parent/Guardian Printed Name: \_\_\_\_\_

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

In case of an emergency while away call this Phone Number: \_\_\_\_\_ (REQUIRED)

**RETURN THIS FORM BEFORE BOARDING THE BUS to MRS. FLORES-HULL.**