FIELD TRIP PERMISSION FORM St. Catherine School Travel and Transportation

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	on to travel by whatever means provided to activities/events is inclusive of all such activities to include field trips, retreats, school personnel.
Student Name (Please print)	Grade
named minor. I agree on behalf of myself, harmless and defend St. Catherine School, Diocese of Fargo, its employee and agents, any claims arising from or in connection willness or injury (including death) or cost of compensate the parish, officers, employee agents, chaperones, or representatives asso	legally responsible for any personal actions taken by the above my child listed, or our heirs, successors, and assigns, to hold, its officers, directors, employees and agents, and the Arch/, chaperones, or representatives associated with the event, from ith my child attending the event or in connection with any f medical treatment in connection therewith, and I agree to s and agents, and the Arch/Diocese of Fargo, its employee and ciated with the event for reasonable attorney's fees and ought against them as a result of such injury or damage, unless the parish/diocese.
We have read and agreed to the Field Trip	Permission.
Parent/Guardian Signature	Date