

Dear Middle School Families,

Attached to this page is a permission slip for your student to go on a Science Field Trip on Friday, April 29, 2022. We will be going to the Ann Arbor Hands-On Museum. Please read the attached field trip permission slip for more details.

If you would like to be considered for chaperoning this field trip, please do the following:

1. Fill out your full name:

My full name is \_\_\_\_\_.

2. Write your student's name and grade level:

My student's name is \_\_\_\_\_ and they are in \_\_\_\_\_ grade.

3. Write down how many students you would be able to drive in the car that has insurance paperwork filled out with the office:

My car can fit \_\_\_\_\_ students safely.

4. Make sure you have the proper paperwork in the office so you can drive students to and from the field trip location.

- Yes, I have the proper paperwork in the office so I can drive students.
- No, I do not have the proper paperwork in the office, but I would like to know more information about this so I can chaperone.

**PLEASE NOTE:**

We can only pick a certain number of chaperones for this field trip, and all chaperones must be willing to drive other students along with their own student. If you would like to chaperone, please fill this form out and return to Mrs. Treusch by Friday, April 8, 2022.

There is no guarantee that you will be chosen as a chaperone. Chaperone names will be chosen at random once all forms have been submitted.

If you are not interested in chaperoning this field trip, there is no need to return this form.

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Joseph Catholic School and/or Parish.

Name of Event: Science Field Trip

Destination: Ann Arbor Hands-On Museum: 220 E. Ann St. Ann Arbor, MI 48104

Designated Supervisor of Activity: Mrs. Treusch

Date and Time of Departure: Friday, April 29, 2022 9:00 am

Method of Transportation: parent/guardian drivers

Student Cost: \$ 15.00 (fifteen dollars)

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

**STATEMENT OF CONSENT**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Joseph Catholic School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature) (Date)

Please return this entire form by: Friday 4/8/22 to Mrs. Treusch  
(Date) (Person)