



# Servite High School

## Faley Game Permission Form to Ride the Bus

CONDUCTED BY THE ORDER OF FRIAR SERVANTS OF MARY

I/We hereby understand that our son \_\_\_\_\_ will participate in the **Faley Games on May 3, 2013**. We are unable to provide transportation for our son to and from Cal State Fullerton. Therefore, he will ride the school bus provided by Servite High School.

We understand that this is a regular school day and attendance is mandatory. All students will check in to begin the day and check out at the conclusion of the day. On the back of this form, there is a map indicating the check in/checkout location.

**Advisory:** Mr. Michael P. Brennan, Principal  
**Event:** Faley Games

**Priority:** \_\_\_\_\_  
**Destination:** Cal State Fullerton

**Date of Trip:** May 3, 2013  
**Departure:** 8:00 a.m. **Return:** 2:45 pm

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:**

The undersigned hereby releases, waives, discharges, and covenants not to sue Servite High School, the school's officers, employees, board members and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in trip or during an activity sponsored by Servite High School.

The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored by Servite High School.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while participating in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High school.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

**STUDENT MEDICAL RELEASE AND AUTHORIZATION FOR MEDICAL CARE:**

I/We, the parent(s) (guardian) of the above named student, hereby, give my/our permission for his participation in the activity above. I/We am/are not aware of any medical condition of my child which would prevent his participation, except those listed below, or limit my son participation in the activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

If the above named student needs emergency treatment, he/she will be transported to nearest medical facility by school personnel, trainers or paramedics. Consent is hereby granted for such emergency treatment as maybe considered necessary in the opinion of the attending physician. Further, I understand that according to school policy all students must be covered by secondary insurance, (provided through the student body fee). The school does not assume responsibility for payment of a physician, hospital, medical or dental fees of any kind.

(Parent or Guardian's Signature)	(Student's Signature)	
(Home Address)	(City)	(Zip Code)
(Emergency Phone Number)	(Work Phone Number)	(Cell Number)
Insurance Company _____	Policy Number _____	Doctor's Name _____
Allergies/Medical Problems/Disabilities: _____		
Medication(s) if applicable: _____		