

DIOCESE OF GREAT FALLS-BILLINGS  
Parent Request Form for Field Trip Participation  
(For Educational Purposes Only)

Date \_\_\_\_\_

**Holy Spirit Catholic School**  
**2820 Central Ave**  
**Great Falls, Montana**

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of school personnel. A brief description of the activity follows:

Destination: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time of Departure \_\_\_\_\_ and Return \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ Student Cost \_\_\_\_\_

\*\*If method of transportation is Car we will need drivers and supervisors.

\_\_\_\_\_ I will be able to drive and supervise (You will be called for confirmation.)

\_\_\_\_\_ I will be able to take \_\_\_\_\_ students with seatbelts.

If there are not enough drivers, the trip will be canceled.

\*\*\*\*The designated route to and from the location will be explained when you arrive.

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 any legal responsibility which may result from any personal actions taken by the child.

We hereby request for our child, \_\_\_\_\_, to participate in the event described above. We understand that this event will take place away from the school grounds and that our child will be under the supervision of the designated school staff member on the stated dates. It is understood that we, the parents or legal guardians of the child, will assume all liability for injury, including death, to the child which result from accident or occurrence during the event. We also agree to protect, indemnify, save and hold harmless the Diocese of Great Falls-Billings, the school, the parish, and its officers, directors, and employees from all damage, claims, suits, expenses and payment on account of or resulting from any such injury, death, or damage to property. We further consent to the conditions stated above on participation on this event, including the method of transportation.

I understand my child will be expected to:

1. Stay with the group;
2. Follow all directions by adults;
3. Adhere to behavior standards set forth by the adults in charge.

I understand if my child does not follow these rules, I may be called to pick him/her up.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this form by \_\_\_\_\_.**