St. Cyprian's

Episcopal School

1115 South John Redditt Drive
Lufkin, TX 75904 (936) 632-1720

2009-2010

Liability Release Form
And Medical Treatment Authorization

In consideration for being accepted by St. Cyprian's Episcopal School for participation in one or more off-campus trips during the 2009-2010 academic year, the undersigned (whether one or more), for and on behalf of myself and my child-participant, release, forever discharge and agree to hold harmless St. Cyprian's Episcopal School (the school) and the administration, faculty, or parent volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever to me and/or my child as a result of participation in the trips.

Furthermore, we, individually and on behalf of our child: (1) assume all risk of personal injury, sickness, death, damage, expense as a result of traveling and participating in the recreation and work activities associated with these trips; (2) authorize and grant permission to the school and the authorized leaders of these trips to make arrangements for any and all necessary transportation, food and lodging; and (3) agree to hold harmless and indemnify the school and the authorized leaders of these trips for liability and expenses incurred by the school or the authorized leaders as a result of the negligent, willful or intentional acts of undersigned or our child-participant.

We are the parent(s) or legal guardian of this participant, and we grant our permission for this child to participate fully in the trips. If you are unable to reasonably contact one of the undersigned parents or legal guardians, we give our permission to take participant to a doctor or hospital and authorize medical treatment, including, but not limited to, emergency surgery or other medical treatment, when such treatment is deemed reasonably necessary by one or more of the authorized leaders. We assume the responsibility for all our child's medical expenses, and agree to hold harmless and indemnify the school and the authorized leaders of these trips for such medical expenses.

Further, should it be necessary in the opinion of the authorized leaders for the participant to return home due to medical reasons, disciplinary action or otherwise, we assume all transportation costs.

_____
(Type or print name of student)

_____
(Parent's home phone number)

Hospital Insurance? Yes _____ No _____
(please complete below-required)

_____
Insurance Company

_____
Policy Number

_____
Physician

_____
Physician's Phone Numbers

_____
Emergency phone numbers (used to locate a parent in the event of an emergency)

(Only participant need sign if 21 years of age or older. If under 21, **both parents must sign** unless parents are separated or divorced, in which case, the custodial parent must sign)

_____
Signature of Father Date

_____
Signature of Mother Date

_____
Legal Guardian Date

_____
Participant, if age 21 Date

Student Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of leadership of all off-campus trips.

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