

**St. Croix Preparatory Academy  
Field Trip Release From Liability  
2017-2018 School Year**

I, \_\_\_\_\_, am the custodial parent/guardian of

\_\_\_\_\_, a \_\_\_\_\_ grade student at St. Croix Preparatory Academy.

I understand that by completing this release form, including my name below where it is indicated and registering my student for a specific field trip, I am releasing St. Croix Preparatory Academy from liability as stated below. I understand that registration will be done on an individual field trip basis through *FeePay* or through a manual *Field Trip Registration and Payment Form*.

In the case of a medical emergency while on a field trip for which my child is registered, I authorize St. Croix Preparatory Academy staff to administer first aid and/or to obtain whatever medical treatment they deem necessary for my student's welfare, including obtaining transportation for my student to a hospital or doctor's office. I further agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I, as a parent/guardian of the student whose name is listed above, hereby agree to hold St. Croix Preparatory Academy, its directors, officers, employees and agents harmless from liability for any and all incidents and/or injury that my student may incur during his/her involvement with the activities specified here that will be conducted by the school.

I have read and understand and agree to the terms and conditions of this release of liability.

Signature: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_