

**St. Croix Preparatory Academy
Field Trip Release From Liability
2018-2019 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: _____