



## Field Trip Parent Permission and Waiver Form Oswiadczenie

I, the parent/guardian of the student named below, understand the nature of the trip being planned to:

**/ Ja Rodzic/Opiekun ucznia poniżej wymienionego, zgadzam się na wycieczkę:**

Place / **Miejsce:** \_\_\_\_\_

Date / **Data:** \_\_\_\_\_ Cost / **Opłata:** \_\_\_\_\_

Time of Leave / **Czas Wyjazdu:** \_\_\_\_\_ Return / **Powrót:** \_\_\_\_\_

Student's Name / **Imię Ucznia:** \_\_\_\_\_

Emergency contact (Parent/Guardian) / **Kontakt w nagłym wypadku** \_\_\_\_\_ Phone / **Telefon** \_\_\_\_\_

Alternative Contact / **Dodatkowy Kontakt** \_\_\_\_\_ Phone / **Telefon** \_\_\_\_\_

In case of an emergency, every effort will be made to contact the parents or listed guardian(s).

**W razie zaistnienia nagłej sytuacji, organizatorzy uczynią wszelkie starania by powiadomić rodziców lub opiekunów.**

### WAIVER AND RELEASE OF ALL CLAIMS

I HEREBY GIVE MY PERMISSION FOR MY CHILD (CHILDREN) LISTED ABOVE TO BE TAKEN TO THE NEAREST DOCTOR OR HOSPITAL IN CASE OF AN EMERGENCY. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS AND DEFEND POLSKA KATOLICKA SZKOŁA SW. FERDYNANDA W CHICAGO, THEIR DIRECTORS, TEACHERS, OFFICERS, AGENTS, SERVANTS, EMPLOYEES, AND CHAPERONS FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, INCLUDING DEATH, DAMAGES, AND LOSSES SUSTAINED BY ME OR THE ABOVE PARTICIPANTS AND ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH ACTIVITIES OR THE PROGRAM.

Parent/Guardian Signature / **Podpis Rodzica/Opiekuna** \_\_\_\_\_

Date / **Data** \_\_\_\_\_