

# SAINT MICHAEL AND ALL ANGELS

## FIELD TRIP INFORMATION SHEET

### Description of Field Trip

1. Date of Trip: Wednesday, June 4
2. Destination: Adventure Landing; 17717 Coit Rd., Dallas, TX 75252
3. Method of Transportation to and from Activity: Charter Bus
4. Method of Transportation during Activity: None
5. Type and Time of Supervision: NA
6. Place/Time of Departure: Parking Lot of Saint Michael and All Angels Church at 12:00 p.m.
7. Place/Time of Return: Parking Lot of Saint Michael and All Angels Church at 3:30 p.m.
8. Place of Lodging/Dates/Phone Numbers: NA
9. Itinerary and Activities: play miniature golf, laser tag, and arcade games, ride go karts and eat lunch
10. The following risks/dangers may be present: injury from being hit by a golf ball, car accident, injury from a go kart accident, injury from running around or falling during laser tag, choking, injury from motor vehicle transportation and/or injury associated with playing the listed activities.
11. Chaperones: Sarah Freeman and 4 parent volunteers
12. Emergency Contact Phone Numbers to contact students on trip: 214-766-0138 is Sarah's cell phone; 972-248-4653 is Adventure Landing's phone

### Objectives of Field Trip

Educational objectives and how they relate to coursework/curriculum: Fellowship-to meet new friends and spend time with old friends

### Needed Provisions

1. Food: NA-hot dogs, chips, and soda will be provided
2. Clothing: wear close-toed shoes and socks, shorts and t-shirts
3. Money: \$15.00 fee plus any money for arcade games
4. Incidentals – camera, binoculars, etc.: you may bring cameras and water bottles but you are responsible for keeping track of them.

### Rules to Be Followed

1. Obey youth leaders' instructions at all times
2. Always remain with the group – do not travel alone
3. Obey all rule and policies of SMAA at all times
4. Other instructions: Have an adult with your group at all times. Return to the bus at the designated time. Be respectful of The Edge members and the other patrons of Adventure Landing.

Place/Time for Parent Pick-up: Parking Lot of Saint Michael and All Angels Church at 3:30 p.m.

**SAINT MICHAEL AND ALL ANGELS ("SMAA")  
PARENTAL AUTHORIZATION AND RELEASE FOR PARTICIPATION**

I, \_\_\_\_\_ (parent/guardian's name), of \_\_\_\_\_ (street address), City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, am the \_\_\_\_\_ (father/mother/guardian) of \_\_\_\_\_ (student name), a minor, of \_\_\_\_\_ (street address), City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, and a phone number of \_\_\_\_\_, who is participating in The Edge.

**Authorization to Participate in Field Trip.** I hereby give my consent for the above named child to participate in the SMAA field trip, as explained in the Field Trip Information Sheet, attached to this Authorization and Release, and incorporated herein, by reference.

**Authorization to Consent to Medical Treatment.** The above named child is covered by insurance as follows:  
Insurance Company: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_  
Child's SS#: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Allergies or special medical needs: \_\_\_\_\_

In the event of a medical or dental emergency, on or off the SMAA campus, I hereby authorize SMAA, its officers, agents and employees to consent to : (1) the administration to my child of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the student to any hospital reasonably accessible. I understand that this authorization is intended to empower SMAA, its officers, agents, and employees to give specific consent to any diagnosis, treatment or hospital care which, in the judgment of a licensed physician or dentist, is deemed advisable. I understand that SMAA is not financially responsible for the expense of medical treatment, emergency care or transportation, and I agree to pay for all medical treatments, procedures, care, and transportation individually, or through my medical insurance program.

**RELEASE AND INDEMNITY AGREEMENT.** In consideration of the above named child being allowed to participate in the SMAA field trip, and to the full extent allowed by law, I HEREBY AGREE TO WAIVE AND RELEASE SMAA, its Vestry members, staff, agents, employees, volunteers and invitees, together with all persons, including parents of other children or volunteers assisting with any phase of such field trip (collectively referred to as "Releasees") (but not third-party vendors and service providers, such as paid certificated carriers), FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES by reason of any accident or injury suffered by the above named child, which may arise in connection with the field trip, and any of the authorizations described above, WHETHER OR NOT CAUSED BY OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF SMAA OR ANY RELEASEE. Further, I HEREBY ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any and all claims, suits, losses, damages, causes of action or other liabilities, including but not limited to all damages and all expenses of litigation and/or settlement/release, by reason of any accident or injury suffered by the above named child while on the SMAA field trip or in connection with any of the authorizations described above, INCLUDING ANY ACCIDENT OR INJURY CAUSED BY THE NEGLIGENCE OF SMAA OR ITS RELEASEES.

(Parent or Guardian Name)	(Parent/Guardian Signature)
(Parent or Guardian Name)	(Parent/Guardian Signature)
Home Phone _____	Work Phone _____ Additional Phone Number _____

**STATE OF TEXAS**  
**COUNTY OF \_\_\_\_\_**

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

**STATE OF TEXAS**

**COUNTY OF \_\_\_\_\_**

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
Notary Public in and for the State of Texas

(Attach a photocopy of both sides of parent/guardian's insurance card.)