



ST. JOHN'S PREP

Field Trip Waiver

Student Name: _____

Date: _____

Field Trip Location Abiomed Inc, 22 Cherry Hill Dr. Danvers MA

Field Trip Date: Wednesday 2-14-18

Chaperones: Mr. Gary Smith, Ms. Kristine Erwin

Departure Time: 1:30 pm

Return Time: 5:00 pm

Means of Transportation

School Van

School Bus

Additional Notes:

As Parent(s)/Guardian(s) of the above named Student, we request that our son participate in the above identified Program. We understand and acknowledge that in exchange for the opportunity to participate, we agree to the following WAIVER and conditions:

Student and Parent(s)/Guardian(s) assume all risks in connection with Student's participation in and travel to and from the Program. Student and Parent(s)/Guardian(s) release St. John's Preparatory School ("SJP") its trustees, officers, agents, employees, chaperones and representatives (individually and in their official capacities) (collectively the "Releasees") from any and all liability for any personal injury (including death) or damage to personal property (including total loss) in connection with Student's participation in and travel to and from the Program. Student and Parent(s)/Guardian(s) agree to indemnify, defend and hold harmless the Releasees from any and all claims, and/or causes of action, including liability, losses, damages, judgments or expenses, including but not limited to attorney's fees, that the Releasees may incur or sustain in connection with the Student's participation in and travel to and from the Program. Student understands that this waiver applies to any and all claims Student may have against the Releasees that might arise from Student's participation in the Program. Students and Parent(s)/Guardian(s) understand and agree that this waiver shall be binding on Student, his family, estate and/or heirs.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian

Printed Name of Student Date

Form must be signed and returned to chaperone prior to Student participation.