

TO: BISHOP EUSTACE PREPARATORY SCHOOL
Route 70 and Lexington Avenue
Pennsauken, New Jersey 08109
FAX: 856-665-2088

PLEASE PRINT INFORMATION

CONSENT, RELEASE AND INDEMNIFICATION

I/We, the undersigned, being the Parent(s) or Guardian(s) of _____
a student at the Bishop Eustace Preparatory School do hereby consent to my/our said son/daughter
participating in _____ on the following
date(s): _____.

I/We hereby confirm to the Bishop Eustace Preparatory School that I/We have advised my/our
son/daughter that he/she is prohibited from participating in any misconduct or improper acts while on the
said School Activity, including, but not limited to, using alcoholic beverages, drugs, narcotics, other illegal
substances and from causing or participating in causing any property damage, from creating any
disturbances or doing or participating in any illegal acts.

I/We hereby consent to reasonable discipline and disciplinary measures being imposed by the School,
and those persons designated by the School to accompany the students on this activity. This consent
shall include, without limitation, the right to limit the activities and movements of the students, and to
impose reasonable limitations on the activities and movements of the students.

I/We do hereby consent and give permission to the School, and all persons designated by the School to
accompany the students on this activity to obtain any medical and/or hospital care or treatment that may
be required by my said son/daughter. I/We agree that any such medical and/or hospital treatment that is
covered by any insurance plan shall be promptly submitted by us to the insurance company and that I/We
agree to pay the costs incurred for such medical and/or hospital treatment that may arise on this activity.

Our phone numbers are as follows:

Mother's mobile phone: _____ Father's mobile phone: _____

Student's mobile phone: _____

**Please check here if a copy of your current insurance card is on file with the school nurse.
If not, please attach a copy of insurance card (front and back) to this form.**

I/We do hereby release from any liability the Bishop Eustace Preparatory School, the Administration and
Faculty of said school and all persons acting on the school's behalf, in conjunction with this activity from
any claims of any sort whatever, relating to any losses, damages, claims, or injury arising on this activity,
including during the periods of transportation, unless the same are caused solely by the negligence of the
Bishop Eustace Preparatory School or persons acting on behalf of the School and within the scope of
their authority.

I/We do hereby agree to indemnify and hold harmless the Bishop Eustace Preparatory School, and all
persons acting on behalf of the school in conjunction with this activity from any claims, suits, actions,
awards, or judgments that may be made against the School and such persons arising in any way from the
acts and omissions of my said son/daughter, and shall pay the same promptly and in full.

I/We are signing this Consent, Release and Indemnification in order to induce the Bishop Eustace
Preparatory School to permit my said son/daughter to participate in this activity.

Dated _____

Parent or Guardian Signature

Dated _____

Parent or Guardian Signature