



BRIDGEPORT CATHOLIC ACADEMY

3700 South Lowe Ave; Chicago, IL 60609

Office: 773.376.6223 www.bcachicago.com

LOCAL FIELD TRIP PERMISSION SLIP - 2025/2026

Classes may take short walks around the local school area. These will always be with an adult supervisor. These trips may include the library, local parks, or points of local interest. Advance notice may not always be possible.

My child/children, while attending BCA has/have my permission to go on local field trips. My approval for such trips remains effective for the entire school year unless the school office has further written notice from me.

I understand that every precaution will be taken to safeguard my child/children. In signing this slip, I also understand that I will receive prior notice of field trips that require a bus.

I understand that I waive all claims against Bridgeport Catholic Academy for injury, illness, accident or death occurring during or by reason of this field trip.

Parent/Guardian Signature: _____ **Date:** _____

I, as legal guardian fully understand and acknowledge that participation in this field trip may involve strenuous activity and certain risks of illness, injury, permanent disability or death to participants due to such activities and/or the COVID pandemic, and that such risks may be inherent to the activities that participants will engage in, and may be unavoidable regardless of care taken. I understand that by signing this document, which indicates that Student will voluntarily participate in this field trip despite any dangers involved and risks of illness, injury, permanent disability and death, I, on behalf of myself and Student, am waiving and releasing any and all claims for injury that Student might sustain as a result of participation. If you have any questions regarding the nature of the activities related to this field trip, please contact the school or parish office.

I, on behalf of myself and Student, acknowledge and agree that by voluntarily participating in this field trip, I assume any and all risks of Illness, injury, permanent disability, death or damage to person or property, as well as full responsibility for Student's medical and liability insurance coverage and costs. I hereby represent that Student does not suffer from and is not under the care of a physician for any condition that would limit his/her participation in the field trip activities.

In consideration of being permitted to participate in this field trip, I, on behalf of myself and Student, and our heirs, executors, agents and assigns, hereby agree to waive, release, indemnify, hold harmless, and agree not to sue the Catholic Bishop of Chicago, a corporation sole, and Nativity of Our Lord – Saint Gabriel parish / Bridgeport Catholic Academy - School/Parish, and their administrators, employees, agents, representatives, volunteers, insurers, attorneys, clergy, assigns and successors, from and against any and all claims, demands, suits and causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, and damage/loss to property, whether caused by negligence or any other reason, arising out of, in connection with, or in any manner related to participation in this field trip. Students agrees to comply with all conduct rules and health protocols.

I INTEND BY MY SIGNATURE TO PROVIDE A COMPLETE AND UNCONDITIONAL WAIVER OF CLAIMS AND RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I HAVE CAREFULLY READ THIS RELEASE, WAIVER, AND PERMISSION FORM, FULLY UNDERSTAND ITS CONTENTS, AND SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.

Student #1 _____

Student #2 _____

Student #3 _____

Student #4 _____

Name of Parent

Guardian Signature of Parent/Guardian

Date