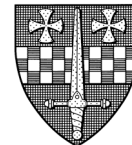


# ***Bishop Leonard- Saint Mary of the Mount Academy***



115 Bigham Street  
Pittsburgh, Pennsylvania 15211  
Phone \* 412-431-4645 Fax \* 412-381-0770  
[www.blsmma.org](http://www.blsmma.org)

## **FIELD TRIP PERMISSION FORM**

I/We, the undersigned Parent/Guardian of: \_\_\_\_\_,  
*Student Name*

Do hereby give my/our permission for my/our child to participate in the outing sponsored by Bishop Leonard-  
St. Mary of the Mount Academy to: \_\_\_\_\_

<b>HOLD HARMLESS AND INDEMNIFICATION</b>
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In consideration of the agreement of Bishop Leonard Saint Mary of the Mount Academy to allow my/our child to participate in said outing and intending to be legally bound hereby, I agree to indemnify and hold harmless Bishop Leonard- St. Mary of the Mount Academy, the Roman Catholic Diocese of Pittsburgh, and the Bishop of Pittsburgh their successors and legal representatives, against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by my/our child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) to my/our child as a result of, or in any way related to his/her participation in the above mentioned outing, or his/her transit thereto.

I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to Bishop Leonard- St. Mary of the Mount Academy or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

In witness whereof, I/We execute this Hold Harmless and Indemnification

Agreement the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date:

