

**Holy Family School
Freeburg, Missouri 65035
Field Trip Permit**

Information to the Parent:

Information from school concerning the field trip:

Name of place: **Freeburg City Park**

Location: **Freeburg**

Purpose of Field Trip: **Children will participate at recess and/or PE**

Date: **2026-2027 School Year**

Planned time for leaving school: **Various times of the school day**
for returning to school: **Various times of the school day**

Planned transportation: **Walk**

Faculty Coordinator: **Debbie Reinkemeyer**

Expectations: Students shall follow the directions of the teacher and/or chaperones.

Date due for return of the field trip permit: **Tuesday, Aug 18, 2026**

Date Due: Tuesday, Aug 18, 2026

Permission to the School

Being informed of these facts and recognizing the risks that may be involved, I request and consent to the participation of my son/daughter,

_____, in the field trip to Freeburg City Park

during the 2025-2026 school year as arranged by Holy Family School.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Daytime Phone(s) where parents may be reached: Mother _____

Father _____

The above named activity participant or facility user agrees to defend, protect, indemnify and hold harmless the above named parish/school and the Diocese of Jefferson City against and from all claims arising from the negligence or fault of the above named activity participant or facility user or any of their agents, family members, officers, volunteers, helpers, partners, organizational members, or associates which arise out of the above named activity or usage at the above named parish/school.

Additionally, the above named activity participant or facility user agrees to protect, defend, hold harmless and fully indemnify the above named parish/school and the Diocese of Jefferson City for any claim or cause of action whatsoever arising out of the above mentioned activity or usage which takes place during the above identified date(s) of activity or usage that is brought against the parish/school and Diocese of Jefferson City by the above named activity participant or facility user or their family members whether such claim arises from the alleged negligence of the parish, school, and/or Diocese of Jefferson City, its employees or agents or activity participant or facility user's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Signed by (Parent/Guardian): _____

Name (Please Print) _____

Date _____ Daytime and/or evening phone _____

Note: This completed permit must be returned to the faculty coordinator before a student will be permitted to participate. Thank you.