

**INCARNATE WORD MIDDLE SCHOOL
PARENT PERMISSION FORM FOR FIELD TRIP
PARTICIPATION**

Date: Monday, September 16, 2024

Your daughter/son is eligible to participate in a school activity requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of school personnel. A brief description of the activity follows:

DESTINATION: Tigers Annual XC Meet (Goliad State Park, 108 Park Rd. 6, Goliad, TX)

SUPERVISORS: Mr. Perrone

DATE & TIME OF DEPARTURE: Saturday September 21, 2024 ~6:30 a.m.

DATE & TIME OF RETURN: Saturday September 21, 2024 ~ 1:00 – 1:30 p.m.

METHOD OF TRANSPORTATION: IWA Bus - Bus will depart and return from DC (Horseshoe).

INFORMATION: \$15 For Food, Snacks, extra clothes, entertainment, (books, homework, etc.) pillow & blanket

If you would like your child to participate in this event, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the child.

WE HEREBY CONSENT TO PARTICIPATION BY OUR CHILD, _____, IN THE EVENT DESCRIBED ABOVE. WE UNDERSTAND THAT THIS EVENT WILL TAKE PLACE AWAY FROM THE SCHOOL GROUNDS AND THAT OUR CHILD WILL BE UNDER THE SUPERVISION OF THE DESIGNATED SCHOOL STAFF MEMBER ON THE STATED DATES. IT IS UNDERSTOOD THAT WE, THE PARENTS OR LEGAL GUARDIANS OF THE CHILD, WILL ASSUME ALL LIABILITY FOR INJURY, INCLUDING DEATH, TO THE CHILD WHICH RESULTS FROM ACCIDENTS OR OCCURRENCES DURING THE EVENT. WE ALSO AGREE TO PROTECT, INDEMNIFY, SAVE AND HOLD HARMLESS INCARNATE WORD ACADEMY AND ITS OFFICERS, DIRECTORS AND EMPLOYEES FROM ALL DAMAGE, CLAIMS, SUITS, EXPENSES, AND PAYMENT ON ACCOUNT OF OR RESULTING FROM CONDITIONS STATED ON OR RESULTING IN ANY SUCH INJURY, DEATH, OR DAMAGE TO PROPERTY, INCLUDING RESULTING FROM NEGLIGENCE OF INCARNATE WORD ACADEMY, AND/OR ITS OFFICERS DIRECTORS, AND EMPLOYEES. WE FURTHER CONSENT OF THE CONDITIONS STATED ABOVE ON PARTICIPATION IN THIS EVENT, INCLUDING THE METHOD OF TRANSPORTATION, AND TO MEDICAL TREATMENT FOR OUR CHILD, SHOULD IT BE NECESSARY.

Parent/Legal Guardian Signature Date

Please return by Saturday September 21, 2024

Emergency Phone Number

Tigers 5th Annual Cross-Country Meet

DATE: Saturday, September 21st, 2024

PLACE: Goliad Fairground & State Park

SCHEDULE: (Please note that we will be on a **rolling schedule**, times are approximate)

7:00-7:15AM REGISTRATION

7:15AM COACHES MEETING

7:45AM VARSITY BOYS-3 Miles

8:15AM VARSITY GIRLS-2 Miles

8:45AM JV BOYS/GIRLS-2 Miles

9:15AM JR. HIGH BOYS-2 Miles < - - (IWA)

9:45AM JR. HIGH GIRLS-2 Miles < - - (IWA)