



## Class of 2023: Breakaway Permission Form

Date: **August 8, 9, OR 10** (Circle the date that you want to attend Breakaway)

*Return completed form to Mrs. Harrison*

**Student's full name** (please print): \_\_\_\_\_

**Parent(s)/Guardian(s) name** (please print): \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_ **T-shirt size (adult size):** \_\_\_\_\_

**Email: parent/guardian:** \_\_\_\_\_

### BELLARMINE RELEASE AND AGREEMENTS

**We, the undersigned parents / legal guardians of \_\_\_\_\_, agree to the following understandings:**

Student participant

1. I agree to release Bellarmine Preparatory School and Mrs. Cari Harrison from, and not to hold such parties responsible for, any claims, demands, liabilities, and causes of action arising out of, or connected to personal injury, illness, death or property damage resulting from any cause whatsoever. I agree to indemnify, defend and hold harmless the above named persons from any damage resulting from events over which they exercise no control, such as Acts of God, strikes or government restrictions. I further agree to indemnify said parties from any claims, liabilities, cost or expenses arising out of personal injury or property damage that I either cause or contribute to while participating in the Class of 2023: Breakaway program through Bellarmine and from any financial obligations which I may incur of my own behalf.



2. The right is reserved to make changes to the day's itinerary for the safety, comfort, or convenience of members of the group, whenever in the judgment of Mrs. Harrison such changes are deemed necessary. The right is further reserved to refuse to accept or retain any person as a member of this program either prior to departure or during the course of the trip.

3. No responsibility is incurred by Bellarmine Prep or Mrs. Harrison for loss of any personal belongings.

4. **Medical Consent:** I understand that, in the event that my son or daughter has a medical emergency, every effort will be made to contact us immediately. However, if I am not available, I authorize: a) a representative of Bellarmine Preparatory School, or b) a representative of Camp Gallagher, to secure such immediate emergency medical care as my son or daughter may need.

5. This agreement will be governed by the laws of the State of Washington.

We, the undersigned parents or guardians of \_\_\_\_\_, a minor, hereby give our permission for the minor named above ("participant") to participate in Bellarmine's Class of 2023: Breakaway program scheduled for August 8<sup>th</sup>, 9<sup>th</sup>, or 10<sup>th</sup> pursuant to the above agreements.

**Permission for minor child to travel unaccompanied by parent**

We, the undersigned parents or guardians of the participant, do hereby authorize Bellarmine employees to transport the participant to Camp Gallagher.

I, the parent or legal guardian of the above student, have completely read and fully understand the foregoing "RELEASE AND AGREEMENTS," "MEDICAL CONSENT," and "PERMISSION TO TRAVEL" and agree to be bound thereby, and to cause the above student to comply therewith.

**Name of Parent or Guardian** (print name): \_\_\_\_\_

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

*Signature of Student participant:* \_\_\_\_\_ Date: \_\_\_\_\_