



**STUDENT TRIP RELEASE
AND MEDICAL RELEASE FORM**

Family Name (Last Name): _____

THIS RELEASE is executed this _____ day of _____, 2015-2016 by
_____ and _____, the parent(s),
legal guardian(s) or releaser(s) who reside at (Address) _____,
City of _____, State of Colorado, personally and as the parent(s) or legal
guardian(s) and releaser(s) of _____ (Student), who resides at
(Address) _____.

In consideration of permission granted to the Student by Regis Jesuit High School, 6300 S. Lewiston Way, City of Aurora, County of Arapahoe, State of Colorado, to attend and the student being allowed to participate in the Regis Jesuit student trip on _____ to _____, releasers hereby personally assume all risks in connection with said activity, including the travel to and from said activity, which may be with employees, operators, officers, and trustees, from liability for any harm, injury, or damage which may befall the student while enrolled at Regis Jesuit High School or participating in such trip, travel, and activities, including all risks connected therewith, whether foreseen or unforeseen; and further agree to save and hold harmless Regis Jesuit and the above persons from any claim by us, the student, or our family, estate, heirs, or assigns, arising out of the students enrollment and participation in this trip, travel, or activity.

Releasers state that they fully understand the terms herein is contractual and not a mere recital and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of content of this release by reading it before signing it.

Parent/Guardian

Parent/Guardian

I hereby give my son/daughter, _____, permission to ride on/or

with _____

Event: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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PLEASE FILL OUT BOTH SIDES OF THIS FORM

STUDENT EMERGENCY MEDICAL INFORMATION

(Please print and fill out completely)

Student's Name _____ Birthdate _____

Parental Consent for Treatment

I, _____ being the Parent or Legal Guardian of _____
Give my consent for emergency medical & surgical treatment of this minor in a licensed hospital by a licensed physician,
or health care provider should her condition require it in my absence. I understand that in such a case reasonable attempts
would first be made to contact me, time and condition permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted
standards of medical practice for the type of injury or illness involved, I impose no specific limitations or prohibitions
regarding treatment other than those that follows (if none, so state) _____.

Mother's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Work # _____

Cell # _____

Father's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Work # _____

Cell # _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____