



Mount Carmel School

Post Office Box 500006
Saipan, MP 96950
Tel: (670) 234-6184/234-7188
Fax No. (670) 235-4751
Email: mtcarmel@pticom.com
Web: <http://www.mtcarmel-edu.net>

School Activity Consent and Release Agreement For Off Island Travel

This School Activity Consent and Release Agreement is executed on _____ (MM/DD/YY), by the parent(s) or the legal guardian(s) of _____ (Child's Name) for and on behalf of said child who is a student of Mount Carmel School, Inc., a corporation organized and existing under the laws of the Commonwealth of the Northern Mariana Islands, with its office on Saipan, CNMI (herein referred to as **RELEASEE**).

I/We, _____ (Parents/Guardians), **RELEASOR**, being the parent(s) or legal guardian(s) of the student identified herein-above, hereby request that he/she be allowed to participate in the school activity identified as:

Name of Activity: _____

Location: _____

From (Date): _____

To (Date): _____

and hereby consent to such participation. In consideration of said person being permitted to participate in this activity, I/we:

DO HEREBY RELEASE and forever discharge **RELEASEE**, its representatives, managers, employers, successors, officers and agents of and from any and every claim, demand, action, or right of action of whatever kind of nature, either in law or equity, arising from any accident, which may occur to said students while participating in the above-described activity, including any trips or travel associated therewith.

Furthermore, I/we hereby assume all risk of personal injury, sickness, death, damage, and expenses which may occur as a result of participating in this activity and any trips or travel associated therewith. Authorization and permission is hereby given to Mount Carmel School to furnish any necessary transportation, food, or lodging at my/our expense to take said students to a doctor or hospital for medical treatment, including but not limited to emergency surgery or hospital for medical treatment with the express understanding that I/WE shall be responsible for all medical bills and cost associated therewith, including the costs of return transportation if necessary for medical reasons **OR FOR DISCIPLINARY REASONS, OR OTHERWISE**.

This agreement contains the entire agreement between parties hereto and the terms of this Agreement are contractual and not mere recital.

RELEASOR further states that he/she has read the foregoing release and knows the contents thereof and signs this release as his/her free will.

RELEASOR has executed this Agreement at Saipan, Commonwealth of the Northern Mariana Islands the day and year first above written.

Parent/Guardian

Parent/Guardian

Address: _____

Address: _____

Phone: _____

Phone: _____

Note: This agreement must be signed by BOTH parents or legal guardians unless parents are separated or divorced, in which case, the custodial parent/guardian must sign.

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS)
SAIPAN, MP 96950)

BEFORE ME, A NOTARY PUBLIC FOR THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, PERSONALLY APPEARED, _____ AND _____ KNOWN TO ME TO BE THE PERSON(S) WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGE TO ME THAT THEY EXECUTED THE SAME.

WITNESS MY HAND AND SEAL THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC

Chaperone

Chaperone

Chaperone

Chaperone

To be approved by the School President once all signatories are obtained:

APPROVED BY: _____
Margaret C. DelaCruz
School President