



## PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

**MUST BE RETURNED BY: 9/19/25**

**TO BE COMPLETED BY THE SCHOOL**

Name of Child/Ward: \_\_\_\_\_

Parish/School: Holy Trinity Catholic School

Designated Supervisor of Activity: Mrs. Hines, Mrs. Luzzo, Mrs. Anthony, & Mrs. Henderson

Activity: Field Trip to Thompson Farm (100 Brickyard Place, Conway, SC 29527

[www.thompsonfarmandnursery.com](http://www.thompsonfarmandnursery.com)

Description of Activity: Explore history of farming, learn/pet farm animals, & a hay ride around the farm

Date(s) of Activity: 10/21/25

Time leaving school: Leaving school by 8:20a Time returning to school: Around 2:30p

Activity Fee: \$10/person

Lunch: ALL students need to bring a refillable water bottle, snack, and lunch that does NOT require heating

Other Notes: Please indicate if your child will be riding the bus or if you will be transporting your child by circling below.

Uniform/Clothing: Regular Uniform

Transportation: School Bus ☒ ~~Contracted Bus~~ ☐ Parent Cars ☒ Walk ☐

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include Bishop of Charleston A Corporation Sole) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named activity if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Phone numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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

## EMERGENCY INFORMATION

This information accompanies the teacher. Please be sure it is complete and accurate for this date.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his/her participation in the above identified ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_

The information provided above is correct to the best of my knowledge.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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

## VOLUNTEERS

I CAN DRIVE AND HELP CHAPERONE: ☐ YES ☐ NO

- If yes the following must be on file in the school office:

- Adult Hold Harmless/Indemnity Agreement
- Driver Information Form Transportation Policy
- VIRTUS certificate
- Acceptable Diocesan Screening report

- Number of students with seat belts (no air bags) I can transport; \_\_\_\_\_

I CAN HELP CHAPERONE ONLY: ☐ YES ☐ NO

- If yes the following must be on file in the School Office.

- Adult Hold Harmless/Indemnity Agreement form
- Safe Haven Certificate
- Acceptable Diocesan Screening report

# Thompson Farm and Nursery, LLC Animal and Agriculture Liability Release Form

**Assumption of Risk:** I understand and acknowledge that engaging in activities related to farm animals and agriculture, including but not limited to, animal interactions, crop harvesting, and any other farm-related activities, involves inherent risks. These risks include, but are not limited to, the unpredictable nature of animals, exposure to allergens, physical exertion, and agricultural equipment. I voluntarily assume all such risks. I certify that I am in good physical condition and do not have any medical conditions that would prevent me from participating safely in farm activities.

**Safety Rules:** I agree to follow all safety rules, guidelines, and instructions provided by Thompson Farm and Nursery, LLC staff. I understand that failure to do so may result in my removal from the farm premises.

**Emergency Medical Treatment:** In the event of injury or illness, I authorize Thompson Farm and Nursery, LLC to obtain emergency medical treatment on my behalf if deemed necessary. I agree to be responsible for any costs associated with such treatment.

**Release of Liability:** I release and discharge Thompson Farm and Nursery, its owners, employees, and volunteers from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, whether known or unknown, arising out of my participation in farm activities, except for claims arising from the willful misconduct or gross negligence of Thompson Farm and Nursery, LLC.

**Photo Release:** I grant Thompson Farm and Nursery, LLC permission to use photographs, video recordings, or likenesses of me for promotional or educational purposes without compensation. I waive any right to inspect or approve the finished product and acknowledge that the organization will own all rights to the images.

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**Participant Information**

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

Parent/Guardian Signature (if participant is under 18 years old):

\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I have read and understood this Animal and Agriculture Waiver and Liability Release Form, and I agree to be bound by its terms. I acknowledge that my participation in Thompson Farm and Nursery, LLC's activities is voluntary.