

**ARCHDIOCESE OF BALTIMORE
DIVISION OF CATHOLIC SCHOOLS**

320 Cathedral Street
Baltimore, Maryland 21201

TO: Parents (Legal Guardians)
FROM: Archbishop Curley High School (the “School”)
Re: **Field Trip Permission & Release Agreement**

Date: August 25, 2026
Administrator: Kenneth Pipkin

Your child has the opportunity to participate in voluntary field-trip experiences to:

FIELD TRIP ITINERARIES

Day/Date	Departure time (approx)	Return time (approx)	Transportation type	Cost per child	Dress requirements	Activities
Friday, 10/9/26	4:15 P.M.	8:30 P.M.	Curley bus/private vehicle	\$30.00	Casual	Dinner at Friendly Farms Restaurant
To be announced	Day 1: 3:00 P.M.	Day 3: 2:30 P.M.	Curley bus/private vehicle	\$180.00/ \$190.00	Casual	Fall Choircamp 2026 at Skycroft Conference Center, Middletown, MD
Friday, 12/18/26	4:15 P.M.	7:45 P.M.	Curley bus/private vehicle	-0-	Choir vestments	Liturgy at St. Mary’s Seminary, Roland Park, MD
12/16/26	5:00 P.M.	9:15 P.M.	Curley bus/private vehicle	-0-	Choir vestments	Service of Lessons & Carols at Sacred Heart Church, Glyndon, MD
To be announced	6:00 P.M..	8:30 P.M.	Curley bus/private vehicle	-0-	Choir vestments	Concert at Immaculate Heart of Mary Church, Baynesville, MD
Friday, 2/5/27	4:15 P.M.	8:30 P.M.	Curley bus/private vehicle	\$30.00	Casual	Dinner at Friendly Farms Restaurant
To be announced	Day 1: 3:30 P.M.	Day 3: 10:30 A.M.	Curley bus/private vehicle	\$200.00	Casual	Spring Choircamp 2027 at Skycroft Conference Center, Middletown, MD
3/23/27	3:00 P.M.	9:30 P.M.	Curley bus/private vehicle	-0-	Choir vestments	Liturgy at St. John Church, Westminster, MD & dinner at Buffalo Wild Wings Restaurant, Westminster, MD

Day/Date	Departure time (approx)	Return time (approx)	Transportation type	Cost per child	Dress requirements	Activities
Friday, 5/21/27	5:15 P.M.	8:30 P.M.	Curley bus/private vehicle	\$30.00	Casual	Dinner at Friendly Farms Restaurant
Wednesday, 5/26/27	5:30 P.M.	8:45 P.M.	Commercial bus/Curley bus/private vehicle	-0-	Choir vestments	Liturgy at Basilica of the Assumption
Friday, 5/28/27	5:30 P.M.	8:45 P.M.	Curley bus/private vehicle	-0-	Choir vestments	Commencement ceremony at Cathedral of Mary Our Queen

SCHOOL CONTACT/EMERGENCY NUMBER to contact School during trip: (443) 813-1580

This field-trip experience is entirely voluntary and may represent additional risks, including those associated with transportation to and from the event. Therefore, it is required that you, as parent or legal guardian, give written permission for your child to participate in this activity, and that you accept the risks associated with this field-trip experience by signing and returning this Permission & Release Agreement no later than _____.

If your child does not return the signed Permission & Release Agreement he/she will not be able to participate in the field trip experience. In that case, your child will be provided independent study work for the day of the field-trip.

Permission & Release Agreement

This Archdiocesan form must be returned to the office before a child may leave on a field trip.

I hereby give my express permission as parent/legal guardian for my Child, (please print) , to participate in the field trip Activities described above.

In consideration of the opportunity for my Child to participate in the Activities, I knowingly and voluntarily on behalf of myself and my Child do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY the School and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the "Archdiocese of Baltimore") to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my Child's participation in the Activities, including any and all actions taken by the School or the Archdiocese of Baltimore pursuant to this Permission & Release Agreement.

By my signature below, I understand and acknowledge that my Child's participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my Child's actions or inactions, the actions or inactions of others, and the inherent risks of the Activities, including travel to and from the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my Child's participation on behalf of my Child and I voluntarily elect to allow my Child to participate in the Activities. I affirm that I have had the opportunity to ask questions and have received all information about the Activities I feel necessary to assume the risks associated with the Activities.

I understand that my Child's participation in the Activities may require a minimum level of fitness for safe participation, and the School and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I

acknowledge that it is my sole responsibility to make certain that my Child is physically fit and healthy enough to participate in the Activities. I understand that my Child’s participation in the Activities may also result in a greater risk of exposure to or contraction of COVID-19. By allowing my Child to participate in the Activities, I confirm that my Child does not have an elevated temperature, has not tested positive for COVID-19, has not been in direct contact in the last 14 days with someone infected with COVID-19, and has not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact me and any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact me or any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my Child’s health and safety during the Activities. If my child is not covered by hospitalization and medical insurance, I assume responsibility for the cost of hospitalization and medical care for my child.

I hereby authorize the Archdiocese to take photographs and video recordings of my Child in connection with my Child’s participation in the Activities. I acknowledge and agree that photographs or videos of participants in the Activities, including my Child, may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time by the Archdiocese. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish my Child to be photographed or videotaped, I will notify the above-named Administrator in writing.

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD, HAVE READ THE FOREGOING PERMISSION & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY..

Signature of Parent/Legal Guardian

Date

ADDITIONAL INFORMATION:

OTHER EMERGENCY CONTACTS *(include cell phone numbers)*:

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.:

**EXTENDED DAY AND OVERNIGHT FIELD TRIPS
EMERGENCY PROCEDURE AND HEALTH INFORMATION ADDENDUM**

This form must be completed by a Parent/Guardian before a student may participate in any extended day or overnight field trips.

EMERGENCY NOTIFICATION

List in order of Notification- Parent/Guardian will be contacted first unless otherwise specified. MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

NAME OF PERSON

RELATIONSHIP

PHONE NUMBER

NAME OF PERSON

RELATIONSHIP

PHONE NUMBER

HEALTH INFORMATION

List all that apply. The information you provide will be handled in a confidential manner. The information you provide will be shared with staff as necessary to maintain your child's safety.

Health/handicapping conditions (please note any activity restrictions that your child has): _____

Allergies (medication, food, insects or animals, etc.): _____

Describe the usual symptoms/reactions: _____

Dietary restrictions: _____

Medications (prescription and non-prescription): _____

MEDICAL INSURANCE INFORMATION

Insurance Company: _____

Policy or Binder Number: _____

PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE NAMED PARTICIPANT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____

DATE _____