

EXHIBIT J-i

**UNIVERSAL FIELD TRIP
AND/OR YOUTH ACTIVITY RELEASE FORM**

Assumption of Risk, Hold Harmless and Indemnity Agreement

Name of Youth: _____

Parish/School: _____

I/We, the parent(s)/guardian(s) of _____ request that the School and/or Parish allow my/our son and/or daughter to participate in the following activity/trip: _____

IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION MY/OUR CHILD WILL RECEIVE I/WE PROMISE AS FOLLOWS:

I/WE HEREBY RELEASE, SAVE AND HOLD HARMLESS THE ABOVE NAMED PARISH/SCHOOL, DIOCESE OF BEAUMONT, MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, AND ANY AND ALL OF ITS EMPLOYEES FROM ANY AND ALL LIABILITY FOR ANY AND ALL HARM ARISING TO MY/OUR SON/DAUGHTER AS A RESULT OF THIS TRIP AND/OR ACTIVITY, WHETHER CONDUCTED ON PREMISE OR NOT.

I/WE HAVE BEEN APPRISED OF THE MODE OF TRANSPORTATION TO BE USED IN THIS ACTIVITY/TRIP, IF ANY, AND I/WE UNDERSTAND AND ACCEPT THAT MODE OF TRANSPORTATION BEING USED.

I/WE RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE ABOVE NAMED PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, FOR ANY AND ALL CLAIMS AND LIABILITY ARISING OUT OF STRICT LIABILITY OR ORDINARY NEGLIGENCE OF THOSE ENTITIES OR ANY OTHER USER OF THE FACILITY OR ANY DRIVER WHICH CAUSES THE CHILD OF THE UNDERSIGNED INJURY, DEATH OR PROPERTY DAMAGES AND FURTHER AGREES TO HOLD THE PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND THE MOST REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, HARMLESS AND INDEMNIFY THE PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND THE MOST

REVEREND CURTIS J. GUILLORY, BISHOP OF DIOCESE OF BEAUMONT, FROM ANY CLAIM, JUDGMENT OR EXPENSES THEY MAY INCUR BY PARTICIPATION OF THE DESCRIBED ACTIVITY.

I/WE UNDERSTAND THE PARTICIPATION IN THE DESCRIBED ACTIVITY INVOLVES DANGER AND RISK OF INJURY. THE INHERENT DANGER IS UNDERSTOOD AND VOLUNTARILY ASSUMED.

I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL.

I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A STUDENT SEARCH OF OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE SCHOOL/PARISH, ITS STUDENTS, OR PERSONNEL.

I/WE HAVE READ THIS DOCUMENT. I/WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I/WE UNDERSTAND THAT I/WE AND OUR CHILDREN ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I/WE VOLUNTARILY SIGN MY/OUR NAME(S) EVIDENCING MY/OUR ACCEPTANCE OF THESE PROVISIONS.

Parent

Date

Parent

Date

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.