



**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from St. Mary Parish.

Name of Event: **NET Ministry Confirmation Retreat**

Destination: **St. Mary Parish, Milford MI**

Designated Administrator of Activity: **Kelly Heer/Olivia Frailing** Phone: **K (248) 343 1980 | O (810) 599-7048**

Date and Time of Departure: **Sunday, March 14<sup>th</sup> 10:00 am Start time**

Date and Time of Return: **Sunday, March 14<sup>th</sup>, 6:00 pm End time**

Method of Transportation: **Parents drop off and pick up at St. Mary**

Cost: **\$30 per student**

Please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

**.....KEEP TOP PORTION -----RETURN BOTTOM PORTION ONLY!!.....**

I hereby consent to participation by my child, \_\_\_\_\_ in the \_\_\_\_\_. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any cause of action against St. Mary Parish and any affiliated entity, employee or agent for any claim caused by it or them, whether negligently or otherwise, arising out of or relating to my child's participation in this event. I also agree to indemnify, including attorneys' fees, and hold harmless the Parish and any affiliated entity, employee or agent from any and all claims caused by the negligence or otherwise of it or them arising out of or relating to my child's participation in this event.

**By signing this permission slip, you also approve Media Release, which verifies that pictures of this person participating may be placed on the St. Mary websites and/or in the church bulletin or newspaper to promote youth involvement.**

Any specific medical needs that the administrator should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

INSURANCE NAME AND CONTRACT # \_\_\_\_\_

Phone number where you can be reached in the case of an emergency: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Print Parent/Legal Guardian Name)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

**\*\*PLEASE BRING PERMISSION SLIP BACK WITH YOU DAY OF THE RETREAT\*\***