

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a 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 and volunteers from St. Colette Parish. A brief description of the activity follows:

EVENT: Come Encounter Christ **DESTINATION:** Christ Our Light, Troy
DESIGNATED ADMINISTRATOR OF ACTIVITY: Mary Jo Parnell & Adult Chaperones
DATE/TIME OF DEPARTURE: Sunday, October 22, 2023 – Meet at St. Colette at 5:00pm
DATE/TIME OF RETURN: Sunday, October 22, 2023 – Pickup from St. Colette at 8:45/9:00pm
METHOD OF TRANSPORTATION: church vans & adult chaperone vehicles
STUDENT COST: FREE! Does not include a meal, so eat dinner before you come.

If you would like your child to participate in this, please complete, sign and return the statement of consent and release of liability below. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

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

If yes, please explain:

I hereby consent to participation by my child, _____, in the **Come Encounter Christ** outlined above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Colette Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I understand that photography and/or video of participants may be procured during the event and used in promotional materials, etc. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by St. Colette Youth Ministry.

READ: Teens have been informed of the rules, which prohibit tobacco products (including all forms of VAPING), drinking, drugs, and leaving the boundaries without permission. If there is any violation of the rules, teens will accept the consequences of their actions.

(Print Parent/Legal Guardian Name)

(Parent/Legal Guardian Signature)

(Date)

(Phone # that parent can be reached at during event)

Please return this form by: **Monday, Oct. 16, 2023**

Parent Info Sheet – Please keep!

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