

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 supervision of staff from _____ Parish.

Name of Event: _____

Destination: _____ **Telephone #:** _____

Designated Administrator of Activity: _____

Date & Time of Departure: _____ **Date & Time of Return:** _____

Method of Transportation: _____ **Student Cost:** _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

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 event described above. 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 regarding 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 _____ Parish, Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

I hereby authorize the use of the image of my child and release and discharge the Catholic Youth Organization of the Archdiocese of Detroit and the Archdiocese of Detroit from all and any claims and demands ensuing from or in connection with the use of the photographs, videos, and created works, including any and all claims for libel and invasion of privacy. I acknowledge that Catholic Youth Organization and the Archdiocese of Detroit do not have control over photographs or videos taken and distributed by participants of this conference.

Print Parent's Name

Emergency Phone #

Parent's Signature

Date

PLEASE RETURN THIS FORM BY: _____