

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian: Your son/daughter is eligible to participate in a parish-sponsored activity on parish facilities. This activity will take place under the guidance and supervision of employees from St. Mary Queen of Creation Parish.

**Name of event:** FIGHT THE GOOD FIGHT EVENT **Date:** OCTOBER 29, 2017

**Destination:** ST. MARY QUEEN OF CREATION 50931 MARIA, NEW BALTIMORE

**Designated supervisor of activity:** Theresa Barrons 586-725-7579

**Student cost:** \$10.00/PERSON Includes hand wraps, equipment, dinner

**Begins:** 10/29/17 2:00pm Parish Center

**Ends:** 10/29/17 6:00pm Parish Center

**COMPLETE FORM MUST BE ON FILE----DO NOT SEPARATE!!**

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

**STATEMENT OF CONSENT:**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place on parish grounds and that my child will be under the supervision of the designated activity supervisor on the stated dates. I further consent to the conditions stated above on participation in this event.

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 and hold harmless St Mary Queen of Creation Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively ~~Releases~~), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my self and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases 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 this event. 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. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes. Initial here \_\_\_\_\_ if you do not want pictures or video of your child shared for promotional purposes.

**Parent/guardian signature:** **Date:**

**Parent/guardian name:** **Phone:**

If there are any specific medical needs that the supervisor should be aware of, please explain on back of this form.

**RSVP to Theresa Barrons [youthministry@smqoc.com](mailto:youthministry@smqoc.com)  
BY OCTOBER 25, 2017  
--Signed permission slip can be turned in the day of the event--  
Wear comfortable, loose clothing suitable for the activity described  
PLEASE no tank tops or short-shorts. Thank you.**