

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION (AOD)

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from St. Mary, Our Lady of the Snows, 1955 E. Commerce, Milford, MI.

Name of Event: **Confirmation Retreat**
Location: **Subiaco Retreat House, 2711 E. Drahner, Oxford, MI 48370**
Directions: **www.subiacoretreathouse.com**
Designated Staff: **Colleen Gonzalez, 248-685-7848, stmarycag@comcast.net**
Date/Time: **Sunday, February 11, 2018, 1:45 pm - 7:00 pm**
Transportation: **Parents drive to and from the retreat house**
Candidate Cost: **\$30.00**
Form Due: **January 31, 2018 to Faith Formation office**

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

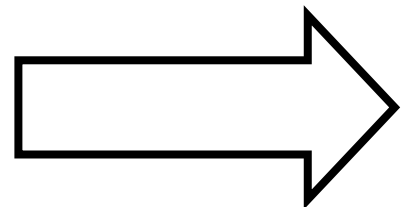
*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated date(s). 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 field trip, I hereby agree on behalf of myself and my child, to release St. Mary, Our Lady of the Snows 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 of 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.

St. Mary Parish reserves the right to dismiss any candidate whose conduct is detrimental to the overall good of the retreat. In cases of gross misconduct, no refund will be made.

PLEASE TURN FORM OVER FOR SIGNATURE PAGE.



PERMISSION FORM, PAGE 2

EVENT: CONFIRMATION RETREAT AT SUBIACO RETREAT HOUSE, 2/11/18

Student Name: _____ Preferred Phone: _____
(First and Last Name)

Address: _____

City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Allergies: _____

Medication to be Administered during Event: _____
(requires Dr. order form)

I understand that photography and/or video of participants may be procured during the event. Pictures may appear in the Parish's media applications (Facebook, bulletin, website, etc.).

Please circle your choice and initial below:

I approve _____ **OR** I do NOT approve _____ of my child's picture to be published or appear in St. Mary Parish media applications.

BOTH PARENTS MUST SIGN:

Date: _____ Parent Signature: _____

Date: _____ Parent Signature: _____

_____ YES!! I would like to volunteer to chaperone at the Subiaco Retreat House event, Oxford, MI (\$10 fee for lunch) **SPONSORS WELCOME!!**

Office Use Only: _____ Cash _____ Check # _____ Amount \$