



**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the parish/school premises. This activity will take place under the guidance and supervision of employees from St. Colette School and/or Parish.

Name of Event: CYO WIND Jr. High Conference

Destination: Sacred Heart Parish  
22430 Michigan Avenue  
Dearborn, MI 48124

Designated Supervisor of Activity: Parent Volunteer

Date/Time of Activity: Saturday, November 4, 2017 - 11:15 <sup>am</sup> until 7:30 p.m.  
Mass will be held in the church

Method of Transportation: Parents to arrange transportation to Sacred Heart Parish

Registration Fee:  
Youth and Adults: Early bird Deadline: September 22, 2017 = \$42.00 per person [youth and adults]  
Regular Deadline: October 13, 2017 = \$45.00 per person [youth and adults]  
Youth Participant Fee: All Youth = \$10.00 [added to youth registration fee only]

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 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 school/parish ground and that my child will be under the supervision of the designated school/parish employee 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 field trip, I hereby agree on behalf of myself and my child, to release and hold harmless St. Colette School/Parish, Sacred Heart Parish - Dearborn, the Catholic Youth Organization, the Roman Catholic Archdiocese of Detroit, 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 myself 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 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.

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, by the Catholic Youth Organization.

Check here \_\_\_\_\_ if you **do not** want picture or video taken of your child.

\_\_\_\_\_  
(Print parent's name)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Emergency phone # during the event)

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

Please return this entire form by: \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Person)

Catholic Youth Organization  
12 State Street  
Detroit, MI 48226