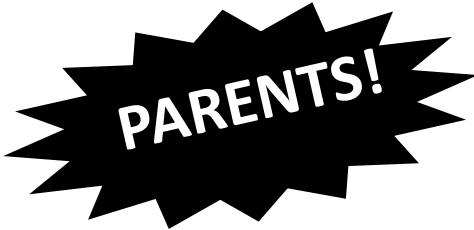


PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION



**Parents drop off &
pick up at Mount
Clemens High
School!**

St. Peter Catholic Church

Phone: 586-468-4578

Fax: 586-468-3199

Email:

stpeter youthmin@gmail.com

St. Peter ROCK

Dear Parent or Legal Guardian :

The St. Peter Youth Ministry Program will be participating in a field trip requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees and volunteers from St. Peter Parish.

PLEASE sign and bring form to the Event!!!

Name of Event:	MLK Day of Service
Destination:	Mount Clemens High School 155 Cass Ave. Mount Clemens, MI 48043 Enter off SB Gratiot or Church St.
Designated Supervisor:	Tori Kearney
Date and Time of Departure:	Saturday January 19, 2019 9 AM
Date and Time of Return:	Saturday January 19, 2019 3:30 PM
Transportation:	Drop off & Pick Up by Parents!
Cost:	Join us for the day of service!
Other Info:	Lunch will be provided!

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.

FIELD TRIP 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 school/parish employee on the stated dates. 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 event, I agree on behalf of myself and my child to release St. Peter Parish, the Roman Catholic Archdiocese of Detroit and any and all affiliated organizations, their employees, agents, representatives, including volunteer drivers (collectively "Releasees") from any and all claims, including negligence, which may be asserted by I or my child may have, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event of 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 application to any claim.

During this event, I can be reached at: (_____) _____

(Parent Signature)

(Date)



Emergency Contact:

Name: _____

Relationship to Child: _____

Phone: _____

Insurance Company: _____ Policy Number: _____ Physician's Name:
_____ Physician's Phone: _____

Please list any allergies or special Medical Problems your child may have. Thank You.

(Print Parent's Name)

(Parent Signature)

(Date)