

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 the supervision of staff from St. Andrew Parish.

A brief description of the activity follows:

Name of Event: Fun Night

Destination: SkyZone - 50810 Sabrina Dr, Shelby Twp, MI 48315

Designated Administrator of Activity: Margaret Kozak Telephone #: 586.484.1011 (Parents emergency only)

Date and Time of Departure: 4.16.23 6:00 p.m. drop off at SkyZone

Date and Time of Return: 4.16.23 8:00 p.m. Pick up at SkyZone

Method of Transportation: meet at SkyZone

Student Cost: \$ 24.00

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

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 SkyZone. 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/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including 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. Andrew Parish, the Roman Catholic Archdiocese 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 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 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 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, etc. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by St. Andrew Parish, the Roman Catholic Archdiocese of Detroit.

READ: Teens have been informed of the rules, which prohibit tobacco products, drinking, drugs, and leaving the boundaries without permission. Unless otherwise stated, teens are expected to have understood all rules and regulations. If there is any violation of the rules, teens will accept the consequences of their actions.

_____ (Print Teen Name/Signature)

_____ (Print Parent/Legal Guardian Name & Signature)

_____ (Phone # that parent can be reached at during event)

_____ (Date) **Please return this form and \$24 by: 4/16/23**

MUST FILL OUT A SKYZONE WAIVER BEFORE COMING - <https://tinyurl.com/SkyZone23>