

PARENT PERMISSION FORM FOR PROGRAM PARTICIPATION

Dear Parent, or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical, or youth ministry sponsored activity away from the parish facilities. This Activity will take place under the guidance and supervision of staff from St. Edith.

Name of event: Halloween Extravaganza

Description: Hay Ride, Corn Maze, Barn Dance, Bonfire with other parishes in the area

Destination: Three Cedars Farms, 7897 Six Mile Rd. Northville, 48168

Transportation: Bus to and from St. Edith

Designated administrator of activity: Mary Ann Koelzer Cell Phone: 734-776-0697 (call or text)

Start Date and Time: Friday, October 12, at 5:30 pm at St. Edith

End Date and Time: Friday, October 12 at 10:00 pm return to St. Edith

Student Cost: \$20.00

If you would like your son/daughter to participate in this event please complete, sign and return the following statement of consent and release of liability. As a parent, or Legal Guardian, you remain fully responsible for the actions and conduct of your son/daughter, including any legal responsibility which may result.

If your child will not be taking the bus to or from the event, please be sure to notify Mary Ann!

Thank you.

I hereby consent to participation by my son/daughter, _____ in Halloween Extravaganza. I understand that this event will take place away from the parish facilities and that my son/daughter will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above on participation in this event. In consideration of my son/daughter being allowed to participate in this field trip, I agree to indemnify and hold harmless St. Edith and representatives, including chaperons, from any and all claims, including negligence, arising from, or relating to, my son/daughter's participation in this event. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct, or gross negligence.

Any specific medical needs, or allergies that the administrator should be aware of?

Yes _____ No _____ If yes, please explain.

_____ (Print Parent, or Legal Guardian)

_____ (Parent/Legal Guardian Signature)

Cell Phone: () _____

Email: _____

I can Chaperone _____

Permission slip & cost due by/on Monday, October 8

Drop off at the Rel. Formation, School, or Parish Office to Attn: Mary Ann Koelzer/Hayride