

PARENT PERMISSION FORM/MEDIA RELEASE FOR FIELD TRIP PARTICIPATION

Dear parent or legal Guardian:

Your child is eligible to participate in a parish sponsored activity requiring transportation to a location away from the premises. The activity will take place under the guidance and supervision of employees and volunteers of St. John Fisher Chapel.

Name of event: SUBIACO RETREAT

Date/time of event: Friday, Nov 20, 2009 to Sunday, November 22, 2009

Drop off 7:00-7:30 PM. The retreat will conclude on Sunday at 1:00 PM. Parents are asked to pick up their teens at 1:00 PM SHARP!

Method of transportation: Private transportation. Students who wish to drive themselves must speak to Mrs. Kudla BEFORE the retreat.

Cost of event: \$ 110 PLUS one bag of snack food and 2-liter beverage to share. Make checks out to: ST. JOHN FISHER CHAPEL

I am in need of a scholarship in the amount of \$_____ for this event.

I have included an additional amount of \$_____ to help support SJF scholarship fund.

I am able to help with this event, please contact me _____ at _____

One or two people I'd like to room with are: _____

If you would like your child to participate in this event, complete, sign and return the statement of consent and release of liability. As parent/legal guardian, you are responsible for the actions and conduct of your child. -----

I hereby consent to participation by my child, _____, in the event described above. I understand that this event *may* take place away from the parish grounds and that my child will be under the supervision of parish employees and parent volunteers. 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 hereby agree on behalf of myself and my child, to release St. John Fisher Chapel, 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, on behalf of my child, or on behalf of my child, arising from or relating to my child's participation in this event. 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 this event. 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 to any claim.

During this event I can be reached at: _____ or _____

Print parent name: _____ **Signature:** _____

Please return this entire form by: _____ to Mark and Beth Kudla

Media Release

I (We) give permission for St. John Fisher Chapel University Parish to publish or disclose in parish-related newsletters, brochures, websites, or other media related vehicles, and photographs, videos audios or other materials in which I or my child(ren) may have appeared, spoken, written or otherwise been represented.

My signature below releases representatives of St. John Fisher Chapel to use any of this material. A copy of this release will be kept on file and may be revoked at any time.

Signature: _____