

**PARENT PERMISSION FORM/MEDIA RELEASE FOR FIELD TRIP PARTICIPATION**

**Please return this entire form, with payment, by January 28, 2012**

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 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.

**Name of event: Detroit Institute of Arts**

**Date/time of event: Saturday, January 28, 2012 from 11 AM – PM**

**Method of transportation: Private Car**

**Lunch following at your own expense**

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

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

**Total Payment Included \$\_\_\_\_\_**

**During this event I can be reached at:**

\_\_\_\_\_ or \_\_\_\_\_

**Print parent name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**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: \_\_\_\_\_