

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the church premises. This activity will take place under the guidance and supervision of employees from Saint Paul of Tarsus.

Name of Event: Blake’s Haunted Hayride and 3 Story Haunted Barn

Destination: Blake’s Big Apple 71485 North Ave. Armada, MI 48005

Designated Supervisor of Activity: Kat Fraylick

Date and Time of Departure: October 15, 2017 6:15 pm

Date and Time of Return: October 15, 2017 8:15 pm

Method of Transportation: Own

Student Cost: \$22

If you would like your child to participate in this event, 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.

***** **STATEMENT OF CONSENT** *****

I hereby consent to participation by my child, _____, in the event described above. Name of event: _____ 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 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 field trip, I hereby agree on behalf of myself and my child, to release Saint Paul of Tarsus 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 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 applicable to any claim.

During this activity, I can be reached at (____) _____ - _____

(Print Parent's Name) _____

(Parent's Signature) _____ (Date) _____

MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: _____

PARENTS/LEGAL GUARDIANS

Father Address Phone

Mother Address Phone

Where parents can be reached when not at home:

Father: _____
Address Phone

Mother: _____
Address Phone

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

MEDIA WAIVER AND RELEASE FORM FOR MINORS

I, _____,
parent/guardian of _____ hereby
allow the use of my audio and/or visual image by the Archdiocese of Detroit and/or
_____ parish; for whatever purpose it sees fit, provided that it does not
slander or that it is not used to make false claims against any person or institution.

My audio and/or visual image may be recorded and reproduced for program material or for
promotional material. I also indemnify myself from the use of my audio and/or visual image
taken out of context by the Archdiocese of Detroit and/or _____
parish.

SIGNED: _____

DATE: _____

Also, I need your permission in order to give other participants copies of the pictures taken in
the program that include your child. Please mark below if you give permission for your child's
picture to be shared with other participants in the program.

- Yes**, I do give permission for other participants to have copies of the pictures that
include my child _____.
- No**, I do not give permission for other participants to have copies of the pictures that
include my child _____.

Parent/Guardian Signature: _____