

**JOIN ST. BARNABAS
YOUTH MINISTRY
FOR OUR ANNUAL TRIP TO THE**

HAUNTED LABYRINTH

SUNDAY OCTOBER 18, 2020

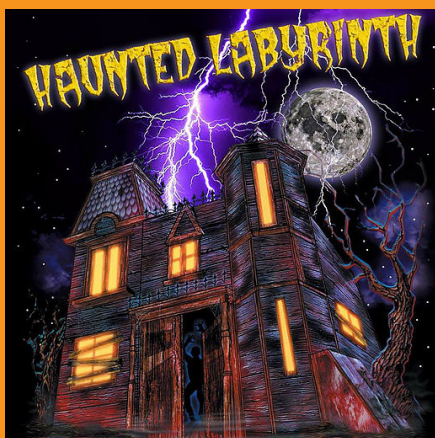
We will not be taking a bus this year.

Instead we will meet in front of the Haunted Labyrinth at the
Rejoice in Hope Center 804 Dyer Ave in Cranston RI

at **7:00pm**. Parents are welcome to stay and go through the Labyrinth with
us, or you may drop your child off and pick them up from the Labyrinth at
approximately **8:00pm**.

THE COST IS \$6 PER PERSON

AND MUST BE PAID IN ADVANCE!



Permission slips and payment
MUST be returned to the Youth
Ministry office no later than
Wednesday October 14. Please
contact Tori with questions
Youthministry.sb@gmail.com



PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT

➔ Your son/daughter, ward, _____ is eligible to participate in a parish sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees and volunteers from **St. Barnabas Church & Diocesan Service Corp.** A brief description of the activity is as follows:

TYPE OF ACTIVITY: **Youth Group trip to the Haunted Labyrinth**

LOCATION: **Rejoice in Hope Youth Center 804 Dyer Ave Cranston RI**

DATE AND TIME OF ACTIVITY: **Sunday October 18, 2020**

We will meet at the Rejoice in Hope Center at 7:00pm. You may drop your child off and pick them up at approximately 8:00pm; or you are welcome to stay and enjoy the labyrinth with us.

METHOD OF TRANSPORTATION : **We will not provide transportation. We will meet there.**

STUDENT COST: **\$6.00 per person**
(Checks made payable to St. Barnabas Church)

Please bring permission slip and payment to Youth Ministry Office before Wednesday October 14, 2020

I would like my child/ward to participate in this activity. As parent or legal guardian, I agree to defend and fully indemnify **St. Barnabas Church & Diocesan Service Corp.** against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless **St. Barnabas Church & Diocesan Service Corp** against any claim or cause of action whatsoever brought against **St. Barnabas Church & Diocesan Service Corp** which took place during the above identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above named child/ward, in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above named activity and this agreement with a representative of the parish to clarify any concerns or questions about the activity or this agreement that I may have had.

➔ _____ ←
Parent/Legal Guardian Signature Date Best Phone Number to reach you
➔ _____ ←
Address Work Phone Number (Mother or Father)

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: ➔ _____ Phone Number: _____ ←

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity:
