



**HOLY FAMILY  
PARISH**

3450 Sycamore Drive  
Stow, OH 44224-3999

## **PARTICIPATION CONSENT FORM SECOND GRADE RETREATS**

I/We, as parents or legal guardians of \_\_\_\_\_, do hereby grant permission for our child to participate in the Holy Family Reconciliation Retreat for second graders to be held on Saturday, November 3, 2018, and the Jesus Day Retreat to be held on Saturday, April 6, 2019. These events will be held in the Father Szabo Parish Center from 9:00-11:00 a.m. or 12:00-2:00 p.m.. I understand that I will be responsible for my child's transportation to and from each event. Registration for each event will take place through Sign Up Genius.

My child has the following food allergies \_\_\_\_\_

In case of an emergency, I can be reached at \_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(cell phone number)

If I cannot be reached, please call \_\_\_\_\_  
\_\_\_\_\_  
(phone number)

I agree, by my signature, to release, absolve, indemnify, and hold harmless the Holy Family School and Parish, its employees and agents, The Roman Catholic Diocese of Cleveland, the Bishop of the Diocese of Cleveland, their successors and assigns, from all debts, claims, demands, costs, expenses, damages, actions and causes of actions, and I waive all claims of any kind against those mentioned above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date