

PARENT PERMISSION FORM FOR RETREAT PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a Parish Confirmation Activity requiring transportation to a location away from the Church premises. This Activity will take place under the guidance and supervision of employees of the **St. Damien of Molokai Parish**, and volunteers in the Religious Education classes of the St. Damien of Molokai Parish.

Name of the Event: **St. Damien of Molokai Parish Confirmation-St. Damien Parish Retreat**

Destination: **Subiaco Retreat Center**

Designated Supervisor of Activity: **Lourdes Smith**

Method of Transportation: **BUS**

Student Cost: **\$95 +5 Transportation**

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 children.

Statement of Consent

I hereby consent to participation of my child, _____, in the event described above. Name of the event: Confirmation Retreat at Subiaco 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 and volunteers 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/retreat. I hereby agree on behalf of myself and my child, to release **The St. Damien of Molokai Parish**, The Roman Catholic Arch Diocese of Detroit, and any and all affiliated organizations, their employee, agents and representatives, including volunteer drivers (collectively "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 the field trip/retreat. 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 the field trip/retreat. 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 or deductible applicable to any claim.

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

Puedo ser contactado en este numero or () _____

(Print Parent's Name/Nombre del Padre o encargado)

(Parent's Signature/Firma Padre) _____
(Date/Fecha)

Please return this entire form by: February 8, to Lourdes M. Smith
Date