PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

(Date)

	cipate in a parish sponsored activity requiring transportation to a location away vity will take place under the guidance and supervision of employees from St.
Name of Event:	Clinton River Cruise
Destination:	152 N. River Rd., Mt. Clemens, MI 48043
Designated Supervisor of Activity:	Claudia Welbes, Coordinator of Youth Ministry
Date and Time:	Monday, August 13 Check-in time 6:15 p.m. at Clinton River Cruise, 152 N. River Rd., Mt. Clemens Arrival time back to the dock is 10:00pm.
Student Cost:	\$35.00—covers both the cruise and dinner.
If you would like your child to participathe Church Office no later than Wedne	este in this event, please complete, sign, and return the bottom half of this form to esday, August 1 with full payment.
	STATEMENT OF CONSENT
I hereby consent to participation by my child,, in the event described above scheduled for AUGUST 13, 2018. I understand that this event will take place away from the Parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.	
child, to release St. Michael Parish, their employees, agents, and represe claims, including negligence, which may to my child's participation in the field invalid or unenforceable, I hereby agrangligence, which may be asserted by participation in the field trip. The release or	owed to participate in this field trip, I hereby agree on behalf of myself and my e Roman Catholic Archdiocese of Detroit, and any and all affiliated organization, ntatives, including volunteer drivers (collectively "Releasees"), from any and all my be asserted by me or my child, or on behalf of my child, arising from or relating trip. In the event this release on behalf of myself and/or my child is held to be see to indemnify and hold harmless Releasees from any and all claims, including me or my child, or on behalf of my child, arising from or relating to my child's use of indemnification does not apply to claims for intentional misconduct or gross indemnification apply to the extent of commercial insurance coverage for any on shall apply to the extent of any self-insurance or deductible applicable to any
(Print Parent's Name)	(Phone #)
(Parent's signature)	

Please return the bottom half of form by Wednesday, August 1: to Claudia Welbes or the Parish Office