## PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear	Parent or	Legal	Guardian:
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Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees and volunteers from St. Michael's Parish.

Name of Event:	N.E.T. (National Evangelization Teams) Retreat
Destination:	St. Isidore Catholic Church, 18201 23 Mile Rd, Macomb, MI 48042
Designated Supervisor(s) of Activity:	Claudia Welbes, Coordinator, Youth Ministry
Date and Time:	Friday, March 12, 2021 5pm-10pm (meet Claudia at St. Isidore's by 4:50pm)
Student Cost:	\$5.00
	cicipate in this event, please complete, sign, and return the following iability. As parent or legal guardian, you remain fully responsible for the
*********	STATEMENT OF CONSENT***********************************
the supervision of the designated s conditions stated above on participation of my child being allow my child, to release St. Michael Parislorganizations, their employees, ag "Releasees"), from any and all claims behalf on my child, arising from or relon behalf of myself and/or my child is harmless Releasees from any and all con behalf of my child, arising from on behalf of my child, arising from indemnification does not apply to claim indemnification apply to the extent	y child,, in the event described above. If ace away from the school/parish grounds and that my child will be under chool/parish employee on the stated dates. I further consent to the on in this event, including the method of transportation.  wed to participate in this field trip, I hereby agree on behalf of myself and in, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated gents and representatives, including volunteer drivers (collectively, including negligence, which may be asserted by me or my child, or on ating to my child's participation in the field trip. In the event this release held to be invalid or unenforceable, I hereby agree to indemnify and hold claims, including negligence, which may be asserted by me or my child, or or relating to my child's participation in the field trip. This release or ms for intentional misconduct or gross negligence; nor does this release or of commercial insurance coverage for any claim, but this Release or not of any self-insurance or deductible applicable to any claim.
(Print Parent's Name)	phone number(s) where I can be reached during this event
(Parent's Signature)	(Date)

Please return this entire form and \$5.00 by: Tuesday, March 2, 2021 to Claudia Welbes or parish office. Questions? Call me at 586.586. 4492