

St. Catherine of Sweden Parent Permission Form

Parent Permission Form for Field Trip Participation

Dear Parent/Legal Guardian:

Your son/daughter is eligible to participate in an activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of employees from St. Catherine of Sweden Parish. A brief description of the activity follows:

Name of Event: Urban Air Trampoline Night!

Destination: Urban Air, Cranberry Township

Designated Supervisor of Activity: Taylor McKeegan and Brian Duggan

Date and Time of Departure: February 11, 5:30pm

Date and Anticipated Time of Return: February 11, 8:30 pm

Method of Transportation: Chaperones Driving

Cost: \$20

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 any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by February 9, 2018.

Parent/Guardian Consent/Release Form

We, the parents/guardians of _____ do hereby give our permission for him/her to attend the Urban Air Trampoline Night on February 11, 2018.

Date: _____

Parent Signature: _____

Parent Signature: _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number _____

If we are unavailable, contact
(name/relationship) _____

(phone number) _____

Our Insurance Company is _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.

PHOTOGRAPHIC RELEASE LETTER

I hereby grant to the Diocese of Greensburg, Pennsylvania, Saint Vincent Basilica Parish, Holy Family Parish, and their respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website and on print material
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that I am the [parent and/or guardian] of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Signature of Parent and/or Guardian